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EDITORIAL COMMENT



RED CROSS NURSING AND CENTRAL DIRECTORIES

THE first regular meeting of the Committee on Nursing Service of the National Red Cross was held at the home of Mrs. William K. Draper, in New York, on the evening of January 20. Of the fifteen members, eight were present, as follows: Miss Delano, president, Mrs. Draper, secretary, Mrs. Robb, Misses Maxwell, Palmer, Nichols, Cooke (representing Miss Pepoon of California), and Major Lynch, U. S. A. Previous to the meeting, the ladies were Mrs. Draper's guests at a very delightful dinner.

Miss Delano submitted an outline of rules, which had been compiled informally by Miss Boardman, Miss Nevins, Major Lynch of the army, Surgeon Bell of the navy, and herself, from the forms in use in several states, and these were discussed, altered, and adopted, with due regard for parliamentary procedure, and after being submitted to those members who were absent will be printed in the JOURNAL.

A matter which gave rise to much anxious discussion was the difficulty of reaching the enrolled nurses promptly in an emergency. The necessity was again demonstrated of the need of central registries in every large centre, under the supervision of persons who would co-operate intelligently with headquarters at Washington when nurses were needed for Red Cross service. Except in a few cities where central registries conducted by nursing organizations already exist, such as the Boston Nurses' Club, the Graduate Nurses' Association of Cleveland, and others, effective nursing service for the Red Cross would seem for the time being to be greatly handicapped, adding one more reason for haste in promoting the central registry idea by state and county associations.

Taken as a whole, the meeting of the committee was very satisfactory. Miss Delano's practical knowledge of Red Cross work and her close

touch with nursing affairs make her a most efficient and inspiring leader during this difficult period of organization. The attitude of the National Red Cross management is that of freedom of action towards the Committee on Nursing Service, and like many of our great nursing problems the solution is in the hands of nurses, if they will grasp the opportunity. The co-operation needed now without delay is the establishment in every large centre of a central directory, governed by a state or county society when possible, or by a graduate or registered nurses' association, making such a registry the headquarters for all nursing interests of the community.

Every year brings its own problems. Developments would seem to show that Red Cross nursing service and central registries governed by nurses for nurses are inseparable, and that they are the most vital questions before the nursing world to-day.

THE JOURNAL AND THE PRIVATE DUTY NURSE

EVER since this JOURNAL came into existence the needs of the great body of private duty nurses have been made a special study by the editorial staff. Not a number has gone out that has not contained something of value to our readers in that branch of work. By far the heaviest proportion of our correspondence has been in their interest. The isolation and difficulties of their lives have not been lost sight of, nor the fact forgotten that with each new case, year in and year out, the private duty nurse subordinates her personal affairs and loses herself, if we may use the expression, in the interests of the patient and the household she is serving, in surroundings often uncongenial and not infrequently uncomfortable.

When she has a few days to spare in what she calls her home, usually little more than the place where she keeps her necessary belongings, she must mend and replenish her wardrobe and attend to the needs of those dependent upon her, whether at hand or at a distance. She naturally craves in these intervals the society of her personal friends, a breath of fresh air, a good play, some really good music, or an absorbing novel that takes her out of herself while her body rests. When these natural duties and cravings have been attended to, there is little time and perhaps less inclination, as we know from experience, for professional reading, and she naturally wants such matter condensed, clear, and to the point.

How to give it to her as she wants it, knowing her manner of life, is our problem. If we could consider her as a unit, dissociated from other workers of her kind, this would be simple, our pages could be filled with abstracts from medical books and magazines, we could look

upon her as one nurse described herself, as one wishing to be constantly reminded "of the things I learned in Clara Weeks and have forgotten."

This cannot be done, for her own good. We live in an age when the practical experience of our fellow workers is essential for progress, when organization is imperative for protection, and these require reciprocity, give and take, give as well as take. The sharing of the knowledge that has been gained in her work with others is as necessary for self-development and for the development of the profession as is the openness of mind that is needed for receiving suggestions. It was to meet this need of a means for the interchange of expressions and ideas for mutual assistance in all lines of nursing work that the Associated Alumnae authorized the establishment of this magazine, and for the maintenance of the part devoted to the interests of the private duty nurses we must look to those nurses themselves. Papers written by hospital workers about private duty are not usually practical or helpful. The simplest account of one's actual work, written by the worker, is of greater value.

We want to remind those who feel that the entire magazine should be given over to their affairs that such an attitude would not serve their own best interests even if it were possible to carry out such a programme. There are certain needs of the training schools and hospital workers to be met, and that ever-increasing body of welfare nurses, engaged in tuberculosis, school, or visiting nursing, must have a place in our pages. The private nurse of to-day may find herself to-morrow an applicant in some one of these other departments of nursing and it behooves her to keep in touch with the trend of affairs in the whole nursing world.

WHAT WE ASK

We are asking three things of the private duty nurses at this time. 1. Tell us what you want to hear about and, when it is possible, tell us whom you would like to have write articles on special subjects. Dr. Potter's valuable paper on menstruation in this magazine, and the series on obstetrical diet lists, which will run through two or more numbers of the *JOURNAL*, are the result of direct requests from readers. Responses to such requests often come from workers in the field who would be quite overcome if asked to write "an article for the *JOURNAL*." 2. Send us sketches of special cases or experiences that contain some new nursing suggestions. These may be written in pencil in rough form as material to be put into shape for publication; they need not bear the name of the author if this is not desired though this must always accompany the contribution. 3. Send us friendly helpful criticism of the *JOURNAL*, either confidentially to the editor-in-chief, or for publication in the

letter department. By friendly criticism we do not mean praise, though this is always appreciated, or such comments as we publish in the letter department this month under the heading "By Way of Contrast," thereby breaking our rule not to use any anonymous material, but it is helpful to the editors to know what our readers have found of benefit and what they want to see further; such comments will be received in the spirit in which they are sent.

GOOD THINGS AHEAD

WE have been taken somewhat to task for not publishing a paper on hook-worm disease. The trouble is we were almost ahead of the hook-worm itself in this country, and our critics have forgotten the excellent article on "Uncinariasis" by Esther V. Hasson, written from Panama, which appeared in the JOURNAL for June, 1907. This article was so complete in its scope that nothing has been added to our knowledge by the articles that have appeared in the magazines of late. For those who have no file of the JOURNAL to turn back to, we shall publish shortly another article on the hook-worm, more condensed in form, which we have gladly received from a Pennsylvania nurse.

Newspapers and medical magazines have also been full of pellagra and we have been urged to quote from these, but except in Notes from the Medical Press we have not done so, preferring to wait for first-hand knowledge which we have just succeeded in obtaining. Miss Talcott, a graduate of the Illinois Training School, who is in charge of the nursing at the Peoria State Hospital, has had under her observation many cases of pellagra. A special study of these has been made and she is preparing an article for us which will be illustrated and full of detailed information.

The articles on building a nurses' home will be invaluable to superintendents who are thinking of such work. Miss Scovil has written for us in her charming way a paper on the moral influence of superintendents and head nurses. We have a practical paper on vomiting at hand, and several short sketches containing practical suggestions to the nurses in various lines of work, Miss Hamman is preparing an article on fireless cooking, while a little story of The Labrador will serve to lighten more serious contributions.

At the opening of last year so much material came to us from the Tuberculosis Congress and other conventions that we were obliged to refuse many papers read at local and state meetings. We see our way for the coming year to publish many such and would be glad to have them submitted to us for consideration.

VITAL STATISTICS

THE Board of **JOURNAL** Directors, at a meeting held in January, decided to make an effort to secure vital statistics of the nursing profession. It is probable that leaflets with questions will be sent to each alumnae association for data from which to make up estimates on certain subjects, such as hours of duty, income, the effect of the cost of living on nurses' savings, length of active service in the profession, causes of death. Before such a circular of inquiry is sent out further suggestions are asked for from those interested. These should be sent to the **JOURNAL** office at Rochester before the first of April.

HOW TO TRANSFER JOURNAL STOCK

AT the annual meeting of **JOURNAL** stockholders, held in New York on January 20, the gift of seven shares from various associations was announced, while the representatives present from a number of other associations indicated their willingness to sell their shares when the Associated Alumnae shall be ready to purchase them. The president of the **JOURNAL** Company has asked us to explain how such transfers should be made.

Transfers of stock have to be made on the books of the Company and, whether as a gift or by purchase, the method is the same. The name of the secretary of the Board of Directors of the **AMERICAN JOURNAL OF NURSING COMPANY** (Genevieve Cooke) is inserted in the first form on the back of the certificate of stock, as the attorney to act for the owner in making the transfer, and the certificate properly signed and witnessed should be forwarded to her at 615 Palisade Avenue, Yonkers, N. Y.

Gifts are shares purely voluntary and all the associations will not feel that they can give theirs, as they have need of the money represented in their home work and a number, we know, have invested their sick benefit funds in this way to help the **JOURNAL** cause and, of course, must receive the equivalent again. Roughly estimated, the amount yet to be raised is something less than \$4000.

"I KNOW A WOMAN"

AT a meeting of a local branch of the Consumers' League we recently heard a speaker of national repute as an investigator beg her auditors not to judge of certain economic conditions as a whole by the single instance or two which had come under their own observation, but to trust to the opinions of experts whose judgment rested upon the investiga-

tion of hundreds of cases, and which was unbiased and fair. She called the jumping at conclusions a feminine trait and quoted a lecturer of note as saying that the most discouraging remark with which he could be greeted when he had finished an address was "But I know a woman," the speaker going on to disprove by one instance what he had been trying to teach from masses of evidence.

This may be a feminine trait, but from recent observation it seems not to be confined to women. In two papers read before public meetings by physicians within a few weeks several instances of unworthy conduct on the part of nurses have been used as illustrations. In one, the story was told of a nurse who was found smoking with her patient, although smoking for the patient had been forbidden. In the other, a nurse was found nude in a bathtub, "expatiating on her charms to the patient."

These revolting instances show a lack of innate good breeding on the part of the women, the responsibility for which goes back further than the hospital or training school, and which cannot be regulated by any system of state registration that does not require high entrance examinations for the school. The conclusion drawn by these physicians was that because of such isolated cases of misconduct the whole nursing profession is to be condemned and reorganized.

Such illustrations and such conclusions are frequent from those medical men who do not see or will not see that because of such unworthy members of the nursing body, the intelligent and self-respecting women have banded themselves together the world over to so establish standards of admission to training schools, of which state registration is one means, that the entrance of such women into our ranks may be made as difficult as possible.

We all need to beware of drawing hasty and unwarranted conclusions from "I know a nurse."

THE PLACE OF THE NURSE IN MODERN MEDICINE

The place which the trained nurse holds in the system of modern medicine is well expressed by Dr. Floyd M. Crandall in his work on "How to Keep Well."

"The system of trained nursing has had its influence upon the practice of medicine in rendering it more exact. The trained nurse is a trained observer, by whose aid the attending physician can obtain an understanding of an intricate case he could not otherwise gain. The presence of such an observer adds also to the safety of the patient as the case progresses. This training of the power to observe is one of the reasons for the prolonged course of education required of the nurse.

The details of handling and managing the patient and administering treatment could be learned in shorter time, but training of the observation is a slower process. Notwithstanding the unpleasant experiences of some families with indiscreet nurses, the trained nurse is a potent factor for good in our modern life."

PRACTICAL TRAINING FOR ORGANIZATION LIFE

IN Philadelphia, two training schools, the Presbyterian and the Pennsylvania, have united their senior classes into a nurses' club. The seniors of these schools come together once every two weeks, their superintendents being always present. They have formed an organization, the officers representing the different schools, they regularly conduct meetings, and are taking up for study, using the JOURNAL largely as a text-book, many of the subjects of public interest. The members of the club write papers and have opportunity to prepare themselves on their subjects. For instance, when they were studying tuberculosis, the nurse who was to write the paper was given time and opportunity to visit various institutions, dispensaries, and sanatoria. At first the pupils were a little awkward and embarrassed in presenting their themes or conducting the meetings, but now they are used to it, they do as well as any one could, and their superintendents are very proud of them.

Next to the local associations of superintendents, which are increasing so rapidly all over the country, we think this bringing together of pupils in training the most valuable step, as it tends to break down school lines which if too strongly fostered are obstructions to progress, and to create interest in our broader organization life.

COMPENSATION FOR WELFARE WORKERS

WE have, in Miss Cannon's paper on "Fair Compensation for Welfare Workers," an appeal for fair compensation or a living wage for social service workers. We have in Dr. Baker's address before the St. Luke's alumnae, reported under News Items, a similar appeal for the special class of school nurses. The February number of the Illinois *Quarterly* publishes an address given by Dr. Carl F. N. Sandberg before the training school of the Tabitha Hospital, Chicago, in which the pupils just ready to leave the hospital are urged to give heed to the necessity of insisting upon fair compensation for their services:

It is a new note to emanate from the medical profession, and is interesting because at the very time one of our most prominent welfare workers makes the plea her arguments are practically sustained by members of the medical profession in different sections of the country.

No one knows better than Miss Cannon the wear and tear of welfare work; she is one of our best authorities in this work, which is purely a charity. The modest compensation offered by most organizations wishing to employ nurses is, in our judgment, a greater obstacle to securing the right women than the far cry that nurses are not prepared or are not competent to undertake such work. At the same time that special training along these lines is being provided at Teachers' College, the public will need to be educated to the idea that the lives of nurses engaged in such work are at least of equal value to those they are sent out to serve, that their hours of labor must be reasonable, and that compensation provided must permit not only comfortable maintenance, but the possibility of laying by modest sums for the much-talked-of rainy day, which every worker has to keep in mind.

The people who support welfare work by their subscriptions go on living in comfort in their homes; they do not make what we call personal sacrifice. The nurse's contribution to the philanthropic side of welfare work is her personal service to those people who are ignorant, dirty, often ungrateful, or dangerously diseased. She should not be asked to give such service, to risk her health, and in addition receive less in the way of compensation than nurses working either in private duty or in institutions.

PROGRESS OF LEGISLATION

THE Massachusetts State Nurses' Association has brought out a little leaflet called *The Bulletin* which will be published from time to time for distribution among its members to stimulate interest and disseminate information regarding the work being done in the state. The association has again presented a bill to the legislature in which some concessions have been made which it is hoped will lead to success. We shall hope to publish the bill with a report of its successful passage in an early number of the *JOURNAL*.

The Illinois nurses are again in trouble with the governor, in whose hands rests the appointing power, as he declines to fill the vacancy caused by the expiration of the term of Miss Wheeler.

A bill to increase the efficiency of the Army Nurse Corps has passed both houses of Congress, with modifications, and as we go to press is in conference, with hopeful anticipations of its ultimate passage. In its original form it provides that the pay of nurses on service in the United States shall be fifty dollars per month during their first three years of active service, fifty-five dollars per month during their second three years, sixty dollars per month during their third three years, and sixty-

five dollars per month after nine years; that ten dollars per month additional to the rates hereinabove established shall be paid all nurses on service without the limits of the United States; that nurses may be assigned as chief nurses under regulations prescribed by the Secretary of War, and their pay while under such assignment may be increased by his authority by an additional amount not exceeding thirty dollars per month. As soon as the bill becomes a law, we shall publish it in full.

THE NATIONAL MEETINGS IN MAY

THE announcements, which we are able to give in this issue, of the plans which are being made for the meetings of the two national organizations afford an inadequate idea of what those meetings are to be, but, as all those who have had such work in hand very well know, it is impossible to publish the full programme until the very last minute. The fiftieth anniversary of the establishment of the first training school in England by Florence Nightingale, and the great attractions and advantages of New York City as a meeting place, will be of themselves a sufficient inducement to call out a large attendance.

It has been suggested that there should be an informal meeting of the "Immigrants," and if any one has the names and addresses of those who travelled together to San Francisco, she is asked to forward them to Mrs. Edith Baldwin Lockwood, Granby, Conn., who has volunteered to make the arrangements.

It occurs to us that an informal meeting of the pioneers in nursing work in this country would be wonderfully interesting, say those who were at work or in training during the ten years following the establishment of the first training school here.

The Jubilee sessions are to be held at Teachers' College, and those who have so faithfully contributed to the course in Hospital Economics will have the opportunity, perhaps for the first time, to see the setting of this course which their efforts have helped to maintain.

THE HYGIENE OF MENSTRUATION

BY MARION CRAIG POTTER, M.D.

(This article has been prepared in answer to a letter of inquiry from a JOURNAL reader asking for information in regard to the care a woman should give herself during the menstrual period.—Ed.)

THERE are many theories in regard to the activities of the uterus during menstruation, but none that are really satisfactory. The etiology of this function is at present a subject of such difference of opinion among members of the medical profession that it seems wiser not to discuss it here. Observers seem to agree, however, that there is an elevation of blood-pressure, that the pelvic organs become congested and enlarged, the uterine tissue softened, the endometrium thickened, the epithelium swollen, the blood-vessels engorged with blood, and later the pressure is so great that the blood is forced out into the tissues, either by rupture of the capillary walls or by diapedesis. The blood extravasates into the tissues and, following the lines of least resistance, is forced into the gland tubules and between the surface epithelium directly into the uterine cavity.

The physiological life of a woman naturally divides itself into five periods: infancy, puberty, maturity, the menopause, and senility. These transition periods are characterized by changes in the generative system, and in the menstrual function, and are times of marked stress in a woman's existence.

During infancy, although developmental changes are going on, the reproductive organs are functionally dormant. At puberty, which occurs in this climate about the age of fourteen, ovulation and menstruation occur, and a general rotundity of the figure takes place, with distinct enlargement of the pelvis. We have at this time over-stimulation of the emotional nature as well as marked psychic manifestations, due to the mental strain coincident with the evolution from childhood to womanhood. The growing girl may also have to contend with the distress of a genuine pelvic disorder and its reflex neuroses.

Maturity is the time between puberty and the menopause, and is a period of relative good health, barring the discomforts and accidents of pregnancy and lactation.

The menopause occurs between the ages of forty and fifty and is marked by vasomotor disturbances and general depression. These symptoms are often increased and prolonged by menorrhagia and metror-

rhagia. Hemorrhages at this time should not be treated slightly as "simply the change of life." They are often due to hemorrhagic endometritis, fibroid tumors, or malignant troubles, and are coincident with the menopause rather than a part of it.

Senility is the reverse of infancy, atrophic rather than developmental changes occur in the generative system, and the mental and physical powers are on the wane. It should be a period of comparative repose.

It is estimated that about 50 per cent. of women mature normally, the menstruation is moderate and free from discomfort, and the person's activities are in no way handicapped. Of those remaining who are not normal, but suffer in varying degrees from simple discomfort to agonies of pain, the large majority are simply languid and depressed, below mentally and physically, and suffer from general malaise, with congestion of the skin, dull complexion and dark rings about the eyes; in singers the voice is often impaired due to muscular and nervous enervation. The head may be hot and throbbing, the feet cold, and the person suffer from heaviness and discomfort rather than a localized pain. The remainder suffer from acute dysmenorrhœa, and are absolutely incapacitated by the pain from pursuing their ordinary avocations at the menstrual period.

It seems necessary, in discussing this question of care for women during menstruation, to speak separately of the above three classes of cases.

To the stress of puberty may be laid a long list of symptoms that interfere greatly with the health and comfort of the woman, and which are often the remote cause of painful and tedious uterine troubles.

The women who suffer from severe dysmenorrhœa usually have pain from the very first menstrual period, and are irregular and late in maturing, the first period often not occurring until the age of seventeen or eighteen, showing that the general health is not up to standard. This group of patients are tortured by pain and nausea and are compelled to give up. *Although there are various conditions that produce dysmenorrhœa, the majority are due to a flexion of the uterus, caused by lack of normal development from preceding malnutrition. The exanthemata, tubercular lesions of glands and bone, chorea, and other rheumatic disorders, eyestrain, adenoids, anaemia, and the many diseases prevalent at the premenstrual period, contribute to undermine the health of the girl and by arresting development bring about morbid changes. We are all familiar with the imperfect development of the teeth when a serious illness has preceded their eruption in second dentition. We are also familiar

with the countenance of the mouth-breather, due to interference with proper drainage of the normal secretions through the nostrils. In rhachitis we have malnutrition affecting the bony framework of the body, and a dwarfed condition may follow. Even the laity recognize the clubbed fingers of pulmonary troubles, and the curved finger-nails due to malnutrition and to interference with the circulation from various causes, as heart lesions, anaemia, and chronic diseases.

If, by long-continued congestion of the peripheral veins of the hands, the ends of the fingers become bulbous and the finger-nails curved, either longitudinally or horizontally, how reasonable that the uterus, which is small and plastic in infancy, and richly supplied with blood-vessels and lymphatics, and so sensitive to congestion, should share in this venous stasis, and its normal position be affected by this change in contour due to interference in its circulation.

In many cases of anteflexion, the finger-nails are curved. This seems more than a coincidence, for often in these cases a severe illness can be traced back to childhood, which accounts for the curvature of the nails, and, from my standpoint, the same perverted nutrition caused the flexion of the uterus.

It has been my observation that women patients suffering from a heart lesion, dating back to childhood, have curved finger-nails and flexion of the uterus.

These cases are emphasized to attract attention to the necessity of giving proper care to the health of the growing child, especially trying to build up the constitution quickly if diseased conditions occur. If preventive measures have failed, and the child at puberty suffers from severe dysmenorrhœa that recurs at each menstrual period, we may feel confident, with few exceptions, it is due to a mechanical obstruction from a flexion of the uterus, due to malnutrition or some congenital deformity.

Although medicine, rest, heat, and hygienic measures may do much to alleviate the distress of dysmenorrhœa, they will not cure it. Although the person for a time may only feel troubled by the recurrent paroxysmal pain, like all cases of obstruction to proper drainage there are bound to be remote deleterious effects beside pain, if the condition is not corrected.

In the past, advice has been against the examination of young girls, but now the train of symptoms in flexion is so well recognized and the far-reaching deleterious effects of obstructive conditions so well understood, that physicians, as well as the public, need to be re-educated in this matter.

Gynaecologists advise, in cases of severe dysmenorrhœa, that the

examination of young girls should be made under an anaesthetic, with provision made for minor operative measures, as dilatation and curettage. At an early age response to remedial measures for straightening the bent canal are more satisfactory whether by treatment or by surgical measures, for they not only cure the discomfort but, by establishing proper drainage through the generative system, prevent the establishment of a "vicious cycle," which is sure to follow interference with proper drainage of the pelvic organs, viz.: endocervicitis, cervicitis, endometritis with hemorrhagic tendency, metritis, also purulent leucorrhœa due to bacteriological infection of the retained alkaline secretion of the uterus, and possibly diseases of the tubes and ovaries. As a result of this symptom complex, sterility often ensues. From the standpoint of preventive treatment of sterility, if from no other, we should create a sentiment for early treatment of girls suffering from severe dysmenorrhœa.

We will next consider the large percentage of women who have no actual pathological condition of the uterus, yet are cast down each menstrual period and incapacitated to a more or less degree. We might almost say that they suffer from an excess of the normal symptoms of the menstrual molimen.

In some cases a genuine toxin seems to develop and poisons the person. Some cases have epileptic seizures at this time, others suffer from migraine or various neuralgias, but the vast majority simply suffer from extreme languor, dulness of intellect, weariness, lack of nerve force, and inability to concentrate their efforts. There may be turgescence of the breasts, cold feet, hot head, pelvic fulness and discomfort, irritability of bowels and bladder, weight in pelvis and back, especially the day preceding menstruation.

Unless these symptoms are due to excessive loss of blood, they demand the treatment we give to other cases of auto intoxication: elimination, fresh air, moderate exercise, and simple diet.

The bowels are so often loose before a period that it would seem that nature takes the initiative in the matter of elimination. A congested liver often acts as a dam to the blood supply of the pelvic organs, and unloading the portal system will relieve the trouble. Many cases are relieved by a hot bath and a saline at the beginning of menstruation, no doubt due to the elimination through the skin and bowels. The hot bath also equalizes the circulation, thus relieving the cold feet, throbbing head, and hypercongested pelvic organs. The uterus is especially engorged with blood the day preceding the period, and it is well, in cases of recurrent discomfort, for the person the day previous to menstruation, as indicated by symptoms, to cultivate repose of mind and body.

If this hypercongestion of the uterus is not relieved by proper hygienic and remedial measures, the foundation of an actual trouble may be laid. Often from anaemic and run-down conditions there is a profuse flow from lack of proper clotting qualities in the blood, and in the interim general and uterine tonics should be resorted to, the food, clothing, and surroundings should be made as hygienic as possible, and everything done to contribute to the building up of the general health of the girl. Knee-chest exercises should be taken, and great care exercised in proper poise of the body in standing and sitting so as to strengthen the uterine supports.

Acetanilide, in doses of 3 grains, repeated once or twice during menstruation, will often equalize the circulation and relieve the congestion and discomfort.

In regard to the great class of women who feel no ill effects at the time of menstruation, I can do no better than to quote from Howard Kelly:

"The periods of the menstrual flow in the healthy girl require no marked deviation from her normal hygienic habits. Great cleanliness of person and of clothing must be enjoined in opposition to the prevalent idea that bathing and changing underclothing must be avoided. The daily bath must not be intermittent; a cold sponge bath may be substituted for a cold plunge, but there is no necessity for changing the habit of daily bathing, while the underclothing requires more frequent changing than usual.

"The diet should be plain and unstimulating, in other words a diet suitable for a girl at any time may be taken during the menstrual period.

"Excessive exercise should be avoided. Many women take habitually the same amount of exercise, and teachers of physical training who do not suffer from dysmenorrhoea make no difference with their systematic exercise with apparently no ill effects. Some healthy girls habitually rest a day or two at the menstrual period, because they have been taught to do so, but unless there is marked dysmenorrhoea this is not necessary.

"On this question of rest during the menstrual period nothing has been added to our knowledge to vitiate the conclusion drawn by Dr. Mary Putnam Jacobi in 1875 ('The Question of Rest for Women during Menstruation'). She says: 'There is nothing in the nature of menstruation to imply the necessity or even the desirability of rest for women whose nutrition is really normal. The habit of periodical rest in them might easily become injurious. Many cases of pelvic congestion, developed in healthy but indolent and luxurious women, are often due to no other cause.'

"Girls should not be taught to use a vaginal douche after each menstrual period." Ninety per cent. of the micro-organisms that are abroad are destroyed by the acid secretions of the vagina, but they are not strong enough to destroy the germs of tuberculosis and diphtheria. We have ascending infection of the urinary system, through the urethra up into the bladder, causing tuberculosis of the bladder; through the ureters, causing tuberculosis of the kidneys. We have the same ascending infection through the generative channel, as tuberculosis of the vulva, vagina, and uterus. Kelly says a great deal of what is called endometritis is a genuine tubercular infection. These germs easily find their way into the tubes, and we have tubercular pus tubes. This causes us to realize that the most hygienic underclothing for women should be closed, as the long sweeping skirts easily throw the germs onto the body. This also shows why alkaline douches may be harmful by neutralizing an acid secretion whose function at that portal of the body is to protect from invading germs.

DIET LISTS FOR OBSTETRICAL PATIENTS

I. By EDITH C. HUNTINGTON, R.N., Tennessee

SOME three or four years ago there was an article in the JOURNAL about diet for obstetrical patients including the first two weeks which I always considered good, but there are two principal things about this diet which I think should be taken into consideration. The first is that the labor may be a long one, and, to prepare for it, it is best to give nothing heavy after labor begins. The patient usually does not care for it, and should not be forced to take anything more than liquids, such as tea, milk, soup. But she should take a large glass of water every two hours, or a half glass every hour. That will give the heart more liquid to lift. If the labor has been long, she should be given only the most easily digested food for two or three days, like milk and nourishing soup, and plenty of water. She may not seem weak, but she will be weak, even though she seems normal in all ways. The lack of plenty of water is the cause of many complications and a more serious illness than would be expected in patients supposed to have the best of care.

The second thing to be considered is that many mothers conceive the idea that their milk is of insufficient quantity or quality to nurse the baby.

(The request of E. L. B., published in the letter department of the February JOURNAL, for obstetrical diet lists, has met with so many interesting and suggestive responses, that not all can be published at once. Others will follow later.—Ed.)

To guard against this, I believe that she can take three pints of milk a day, after the second or third day. This would make a good quality of milk from the beginning and is adequate to produce for any mother sufficient milk of good quality. She is not likely to eat much meat in bed, but when she is well and exercising in the open air, plenty of good meat will help to produce good milk. Either in bed or out of bed she can drink a glass of milk with each meal and one between meals and at bed-time, which will make three pints. A raw egg with it between breakfast and dinner, and between dinner and supper is very beneficial. The patient may think the milk causes biliousness, but if the milk is drunk slowly, and if plenty of fruit and water are taken, there is no need of biliousness. If the mothers would persist in three pints of milk a day for a year, I believe it would abolish some of the trouble in their being unable to nurse their babies. I have been successful in having a patient do this for a month, and if it is successful for a month, it should be for a year. No tea or coffee should be drunk while the mother is nursing the baby. I know a physician who says that he can take any mother in ordinary health at the beginning of lactation, and by giving good meat and milk and out-door exercise produce plenty of milk of good quality for the babe.

I sometimes learn of old-fashioned notions which contain a germ of truth. Recently a mother told my obstetrical patient that if she did not chew her food well, the milk would pass through the babe "whole." The mother was in the habit of swallowing her food in large mouthfuls, and I was trying to help her overcome this habit. When she was careless, I noticed that the babe's stools contained partially digested milk, and that the character of them was much better if she masticated her food well.

II. By BETTY CHODOWSKI, R.N., Philadelphia

THE following diet list is for an obstetrical patient having a normal temperature and no perineal suturing. I also take it for granted that the patient enjoys normal digestion.

First and second days. 8 oz. of either milk, strained oatmeal, or barley milk gruel, every three hours.

Third day. Breakfast: Oatmeal gruel, 1 cup of coffee (half milk), small piece of buttered toast. Lunch, 10.30 A.M.: This always consists of milk with crackers, junket with zweibach, or lady fingers, or malted milk, if preferred. Dinner: Cracker soup, cup of weak tea with milk. Supper: Farina gruel.

Fourth day. Breakfast: Boiled oatmeal with cream, cup coffee, toast. Dinner: Oyster stew (strained), crackers. Supper: Milk toast, tea or coffee.

Fifth day. Breakfast: Orange juice, farina with cream, coffee, toast. Dinner: Beef broth with rice, baked apple. Supper: Poached egg on toast, milk.

Sixth day. Breakfast: Orange or grape fruit, oatmeal and cream, soft boiled or steamed egg, coffee, toast. Dinner: Chicken broth, broiled chicken, apple sauce. Supper: Milk toast, stewed prunes.

Seventh day. Breakfast: Fruit, cereal, egg, coffee, toast. Dinner: Beef tea, broiled steak, baked potato, baked apple. Supper: Celery soup, poached egg on toast, tea.

Eighth day. Breakfast: Grape fruit, force with cream, steamed egg, coffee. Dinner: Pea soup (strained), two lamb chops, broiled, apple sauce or grapes. Supper: Rice, well boiled, with milk, stewed prunes.

Ninth day. Breakfast as before. Dinner: Barley soup, stewed chicken, baked potato, baked apple. Supper: Egg custard, cocoa, toast or bread, stewed fruit.

Tenth day. Dinner: Mutton broth, broiled Hamburgh steak, sliced oranges. Supper: Panned oysters on toast, coffee.

Following days, dishes given above may be chosen, also such desserts as floating island, blanc mange, chocolate pudding, and some fruit dishes as sliced banana with orange, stewed strawberries or raspberries, when in season. I have not found these dishes unsuitable because of giving the baby colic. I have also given sliced tomatoes, stewed tomatoes, and raw celery, but not when the mother has a predisposition to acidity.

III. BY GRACE HOLMES, R.N., Wisconsin

IN planning the dietary for an obstetrical case it should be remembered that after the first few days the patient differs very slightly from a well person.

At first she is more or less fatigued from the labor and her digestion is impaired only as it would be from fatigue produced by any other unusual exertion. The digestive system *as such* is in no way involved. We are, however, never quite sure that a case is normal until after the third day, consequently a carefully selected light diet is a safe middle course.

In my judgment liquids (excepting water, which I would give freely at all times) should not be crowded the first few days.

Milk will appear in the breasts in due course of time without our interference, and by the old method of rushing frantically to the soup kettle and the teapot I believe we but contribute to the oftentimes distressing over-production of milk which has kept so many of us on our knees for weary hours, gently drawing off the soup and tea with a breast pump.

After the flow of milk is established the supply of liquids should be regulated as indicated. Where it is necessary to push it, I think it is better to give milk, broths, or gruels in the interval between meals rather than to give too much liquid with the meals, which latter method but dilutes the digestive juices and upsets digestion generally.

On the fourth day, if the case is normal, I begin a general diet, eliminating only such things as should not be given to any patient unable to exercise, *e.g.*, hot bread-stuffs, pies, pancakes, etc.

The diet should include as many laxative foods as possible as there is almost invariably a tendency to constipation. Sour things and tart fruits need not be excluded so long as the patient digests them. Generally speaking, the baby will have colic only from such things as the mother fails to digest.

The menus herewith submitted are designed for a patient of moderate means, and—an item of no small importance in most families—may, with slight additions or subtractions, be made to serve as the general family menus for the fortnight.

First day. Breakfast: Hot milk (not boiled) 6 oz.; repeat 10 A.M. Dinner: Slice milk toast, grape juice. Supper: Oatmeal crackers and milk, two or three figs.

Second day. Breakfast: An orange, cornmeal mush and cream, bread and butter, cocoa. Dinner: Small bowl soup and crackers, soft egg on toast, grape juice. Supper: Cream of wheat with cream, graham bread and butter, milk or cocoa.

Third day. Breakfast: Stewed prunes, oatmeal and cream, dry toast and butter, hot milk. Dinner: Beef broth with rice, poached egg, bread and butter, sliced orange, grape juice. Supper: Graham bread and butter, apple sauce, cocoa, figs.

Fourth day. Breakfast: Baked apple, Ralston breakfast food and cream, toast, bacon, cocoa or hot milk. Dinner: Lentil soup, broiled lamb chop, baked potato, bread and butter, gelatine with cream, grape juice. Supper: Popped corn with cream, graham bread and butter, fresh fruit, cup tea or cocoa.

Fifth day. Breakfast: Figs, oatmeal and cream, soft egg on toast, one cup coffee. Dinner: Beef broth with tapioca, small portion rare roast beef, mashed potatoes, milk, sliced orange. Supper: Oyster stew with crackers, graham bread and butter, baked apple, tea.

Sixth day. Breakfast: Raw apple, hominy and cream, toast, honey, coffee. Dinner: Cream of potato soup, broiled chicken, creamed potatoes, peas, jelly, tapioca pudding, milk. Supper: Oatmeal crackers and milk, stewed prunes, bread and butter, tea.

Seventh day. Breakfast: Figs, cornmeal mush and cream, toast, bacon, coffee. Dinner: Chicken broth, broiled beefsteak, baked potato, scalloped tomatoes, ice cream, grape juice. Supper: Poached egg on toast, graham crackers, sliced orange, cup tea or cocoa.

Eighth day. Breakfast: Stewed prunes, Ralston breakfast food and cream, a raw egg with grape juice, toast, cocoa or coffee. Dinner: Split pea soup, broiled lamb chop, boiled potato, corn, jelly, white mountain pudding, milk. Supper: Popped corn and milk, graham bread and butter, canned fruit, cocoa.

Ninth day. Breakfast: Baked apple, cream of wheat with cream, plain omelet, toast, coffee. Dinner: Cream of tomato soup, rare roast beef, baked potato, string beans, pickles, lemon gelatine, grape juice. Supper: Steamed rice with cream, bread and jelly, or honey, figs, cocoa.

Tenth day. Breakfast: An orange, cream of wheat cooked with dates and served with cream, toast, soft boiled egg, coffee. Dinner: Cream of celery soup, roast mutton, mashed potatoes, boiled beets, baked custard, grape juice. Supper: Oyster stew, whole wheat bread, strawberries (canned or fresh), tea or cocoa.

IV. BY EMMA E. KOCH, R.N., Chicago

No doubt the *JOURNAL* will receive many complete diet lists for the two first weeks of the parturient woman. Allow me to add a point in connection, the importance of which many nurses do not seem to know. If the labor is long and protracted, the patient in her anxiety forgets that she needs nourishment. She may be asked to take some, but refuses, and in consequence weakens, sometimes almost to the extent of exhaustion. This can, and should be avoided. If she refuses solids, urge the liquids, at regular intervals and in small quantities. Should operative interference be probable, then discretion must be used, however.

Cheerfulness, nourishment, and skilled nursing are three very important factors in the lying-in chamber as well as later on, the liberal use of which should assure the woman that the trying ordeal is a perfectly normal process, and that there is naught to fear or dread.

Almost immediately after the labor, she may have a cup of hot milk and well-toasted bread, or toasted cracker.

I would like to emphasize another point. In feeding the parturient, during the lying-in period, care should be exercised in serving food in small portions. There is great danger of overfilling the stomach by too copious feeding at this time, often causing all sorts of disturbances and sometimes rise of temperature. It is better to feed often at regularly stated intervals, and in small amounts, the first ten days.

THE IDEAL NURSE

By REBECCA H. McNEILL, R.N.
Graduate of New York City Training School

AMONG the various occupations followed by women of the present day, there is not one that appeals more to woman's instincts than that of nursing. It demands, possibly, less heroic strength than patient attention to detail and an ability to preserve a high moral, mental, and physical standard. Three qualifications are conceded pre-eminently to be desired: first, general culture; second, practical knowledge; and third, theoretical knowledge.

Nursing is an art; a work, not merely a calling; a science auxiliary to the medical profession. We all have our ideals in life. Many of us from want of will power and other human weaknesses fall far below them, but no man or woman, whatever his or her vocation in life may have been, has ever risen above them. Life is very real, and we are to act, not to be "merely speculative"; not to dream, idealize, or theorize over its problems, but to accept our share of responsibility.

Nursing as a woman's special vocation, as a privilege and God-given talent, is not a profession the duties of which may be lightly assumed. It is a grave responsibility, and upon our vigil often depends the issues of life and death. Unless a nurse is prepared for a life of untiring effort and disappointments, discomforts or deprivations, countless sacrifices of time, talent, and inclination, unless, indeed, able to suppress her own heartaches and to give herself bravely and brightly to the work with patience, enduring all things, and with faith, hoping all things, I would beg of her to hesitate before choosing as her mission in life that of nurse. She must have singleness of purpose, directing all her energies toward the faithful accomplishment of her life's work; be loyal to her doctor, her patient, and herself; having neither eyes nor ears for the misfortunes of others, and saying only those things that she is sure will prove helpful to her patient, remembering that "silence is golden" and that gossip is a major sin.

My ideal is one who has not been hardened by the scenes of suffering through which she has passed. No true nurse ever loses her sympathy, though she must cultivate the art of controlling it; she has the deep sympathy which causes her not only to feel for her patient's woes, but prompts her best efforts to alleviate them. She has the spirit of a surgeon in one of our large cities, who knelt for hours by the mangled form of a

poor boy, exerting all his energy and skill to save his life. The child, surprised at meeting such kindness, looked up and said: "Doctor, why are you trying so hard to save my life when you know that you will never get a cent for it?" The good man replied, "Child, I would rather be the instrument in God's hand of saving life than be the President." Yes, the true nurse is devoted to her work, faithful in all that she does, neither shrinking nor shirking any responsibility that may present itself.

And once again, the ideal nurse should be able to understand the whys and wherefores of her physician's orders, and be able to execute them with judgment. One of the first requirements a physician exacts of a nurse is obedience, but he expects that obedience to go hand in hand with comprehensiveness and judgment. The more thoroughly qualified and the better trained a nurse is, the less she is liable to assume responsibilities which belong to her doctor.

One of the strongest reasons why every woman should study nursing as an accomplishment is, that she may testify of her loyalty and affection to those near and dear to her, for in sickness even more than in health we instinctively turn to the mother or sister for that sweet peace and tranquillity which woman possesses. As a profession, no field has been opened so broadly as this, and in no field will you find such rich rewards for the little sacrifices and loving kindnesses you will have to practice. To lull into a restful sleep a tired brain or soothe a fevered brow into forgetting pain,—how sweet the reward to go no further than the pleasure of doing the mere act.

The life of a nurse to be ideal must be that of a Christian, remembering that, "Inasmuch as ye did it to one of these, ye did it to Me."

THE WORK OF THE NURSING STAFF OF THE BOSTON CONSUMPTIVES' HOSPITAL, OUT-PATIENT DEPARTMENT

BY ELISABETH P. UPJOHN

Graduate of St. Luke's Hospital, Utica, N. Y.; Superintendent of Nurses, Boston Consumptives' Hospital, Out-patient Department.

IN giving a sketch of the work of the nursing staff or perhaps more properly called the social service department of the Boston Consumptives' Hospital, it must be remembered that we are little more than two years old and that our story is one of organization and growth rather than that of results achieved.

The Boston Consumptives' Hospital, a distinct city department, is under the management of a board of seven unpaid trustees, appointed by the Mayor. The several departments, including the hospital proper, cottage ward, day camp, out-door school, and out-patient department, are administered by a single executive head (superintendent); the medical work is under the direction of a chief of staff and a corps of assistant physicians.

A uniform system of records is in use in all departments of the hospital. The nursing staff is directly responsible to the executive head.

This paper will deal with only one of these departments, that is, the out-patient or dispensary. This department is centrally situated in the heart of the lodging-house district and is accessible to all car lines.

On September 11, 1907, the out-patient held its first clinic; there were twenty-eight patients present; the systematic duties of the clinic and subsequent surveillance of the home went into effect at once. The work began with two nurses; to-day the staff numbers twenty and a superintendent of nurses.

Being a municipal organization, our territory is limited to the boundaries of the city of Boston, which embrace 42.6 square miles. Suburban work does not come under our jurisdiction. Patients coming to the clinics from the outlying towns are referred to the local antituberculosis societies where they exist, and to the department of social service of the Massachusetts General Hospital when there is no local society, as they maintain a visitor for this special suburban work.

The city is divided into districts, these divisions corresponding to those of the city's ward boundaries. In some cases a district includes more than one city ward. We now have seventeen districts, a nurse being assigned to each. When any district shows a persistent increase over one hundred patients, another nurse is appointed and a new district opened. It is obvious that the districts become smaller as they increase in number.

Branch offices are established in various sections of the city; these afford telephone service, desk room, and a supply closet for the nurse in the district. So far we have found it to the advantage of both parties to have these offices in conjunction with those of the Associated Charities Organization and Settlement Houses.

All nurses are graduates of general hospitals in good standing and are accepted on a three months' probationary training, during which time they receive full salary (seventy-five dollars a month). This probationary period is given to ascertain the fitness and ability of the nurse as a social worker, for often the ablest nurse may lack entirely those qualities essential to field work.

For the greater safe-guarding of the nurses, they are under medical supervision while serving on the staff; and during their first year of duty, which is always the most taxing to the uninitiated, they are subject to a physical examination every three months.

There are seventeen nurses in the field, each in charge of a district; one relieving nurse who does substitute work in the absence of the regular nurse through illness or other emergencies. She also assists in any district when the work is unusually heavy. Another nurse is assigned to special investigation, such as tracing "lost" patients, looking up those discharged, "arrested," or "gone to work," and who after six months have failed to report for re-examination. We are now doing a house-to-house investigation of some of the city's most congested blocks. This investigation, although of value to the department in bringing to light many tuberculosis centres and securing an early examination of those who have unknowingly been exposed to the disease, is not limited to the finding of those suffering from tuberculosis, but covers every detail of tenement sanitation. A report of this investigation will be given to the Boston 1915 Improvement Association for the use of the Committee on Better Housing Conditions.

An assistant office nurse is responsible for the records of the younger nurses, has general supervision of all loan supplies, answers emergency calls sent to the central office when the field nurse cannot be reached, and is generally responsible for giving information to the public regarding case work in absence of the superintendent of the nurses.

The out-patient is opened for clinics four mornings a week, Saturday being reserved for the examination of the children. The very keynote of the dispensary work is solidarity; here the physician, patient, and nurse share a common interest, namely, the welfare of the patient. Medical and social records are filed together. No new case is visited without the nurse first studying carefully the physical condition of the individual; on the other hand, careful consideration is given the social conditions before a final disposition is made of the case.

The training and experience gained at the clinics is considered a very important part of the nurse's work and each in turn has a six months' service.

It is at the clinic that the nurse first comes in contact with the patient, learns and records his personal and family history, gives the primary instructions in the care of sputum, demonstrates the use of paper napkins and the individual drinking cup. She prepares tuberculin, does surgical dressings, and becomes familiar with the tubercle bacillus as shown by the microscope.

At the physical examinations the nurses are given clinical instruction by the examining physician; all examinations are recorded by the nurse at the dictation of the physician.

So long as the treatment of tuberculosis demands idleness on the part of the patient for a long period of time, what is taken out of the family income in the daily wage, and extra expenses added by the enforced treatment, must be patched out more or less (usually less) adequately by aid given charitably, either private or public.

Recognizing the greater efficiency and economy in co-operative work, it is the policy of the department to seek relief for the needy through already existing charitable societies rather than maintain a special relief department for the Consumptives' Hospital. The benefits accrued through this co-operation are of inestimable value to the nurses as well as the patients under consideration.

Milk alone is supplied by the department; this is delivered at the home on the recommendation of the nurse after her initial visit, and is sent only to positive cases of tuberculosis to the limit of two quarts daily per person. We hope that the time may come when this will be given as a preventive measure, especially in the instance of predisposed and underfed children. The cost of supplying this milk in the homes is now between six and seven hundred dollars per month, this expense being met from the general appropriation for maintenance.

Through the interest of private individuals upwards of \$700 have been given for the purchase of a loan equipment for the establishment of the home treatment. It consists of tents, cot beds, reclining chairs, warm outside garments, and awnings of all sorts to enable one's sleeping out of doors. This equipment is loaned on the request of the nurse, the department meeting the expense of transportation, although it is not the property of the hospital proper.

It is not my purpose to give in detail the management of individual cases. All who are at all familiar with the work know how every case becomes a concrete problem, and often greater ingenuity and persistence on the part of the nurse is needed in overcoming prejudice and the danger of contagion to others than in the actual care of the patient himself.

Often a very teasing but important phase of the work, considered from the point of prevention, is the care of children suffering with adenoids and enlarged tonsils. All these cases, although non-tuberculous, are supervised by the nurse until the operation has been accomplished. In every case the parents' consent must be granted, which again often means persuasion used to its limit.

All cases whose diagnosis is "deferred," "suspicious," or "ques-

tionable" are visited by the nurse and receive the same careful instruction in hygiene as the positive cases, and are held on the visiting list until the diagnosis is confirmed.

In this respect we differ from the methods which obtain in Cuba; there no patient is visited in the home until he has been diagnosed as a positive case by the dispensary physician. Our system certainly increases the field work very much and in negative cases may be a useless expenditure of effort; on the other hand, I feel sure that many cases, which on subsequent examination are made positive, would be lost were it not for the interest shown in the individual by the nurse in her home work.

Apart from the out-patient clientele a large number of advanced cases, too ill for dispensary care, are sent to us by private physicians and from many other sources. It is these bedridden cases which offer the nurse an opportunity of serving the public in her double capacity as nurse to the sick and common guardian of the family and community.

The many dangers and disadvantages met in the home treatment of the advanced consumptive are familiar to all, and all agree that the only safe solution is segregation, but until our public demands and our legislation provides this segregation we can do much in giving comfort to the sick, and where there is sufficient intelligence to work upon, reduce the danger of contagion to its minimum.

Acknowledging the conditions of overcrowding and unsanitary housing as among the first causes of tuberculosis, it would be a confession of social ignorance not to make possible a careful and sensible study of every social force influencing the domestic history of all classes.

It is to this end that the department offers to nurses desirous of taking up tuberculosis work every opportunity possible to make themselves proficient in this most important movement, one in which the nurse is so pre-eminently fitted to become a forceful factor. Every Tuesday morning at half after eight the younger nurses meet with the superintendent of nurses for a half hour's talk; the general scheme of work is discussed, special emphasis being given to the methods and detail of work peculiar to our own and other local organizations. Cases of long standing are presented, and suggestions asked as to the best manner of treatment; in this way the nurses gain self-confidence and the benefit of discussing case work with those experienced in it.

A weekly course of lectures has been established, for Thursday afternoons from October to June. These lectures are given by representatives of some of Boston's most active philanthropic and charitable organizations, by physicians, and by the heads of different city and state departments.

A rudimentary knowledge of existing laws of state and municipal health regulations is most necessary to our work. Our co-operation with the sanitary police is most satisfactory, all our notifications for fumigations, the removal of nuisances, or repair of unfit buildings receive the promptest possible attention. All notifications sent to the Health Department are written on postal cards especially adapted to the purpose. Some of the lectures are on the co-operative plan, being given by the social service department of the Massachusetts General Hospital, to which, through the courtesy of the department, we have *entre*. In turn our lectures are not exclusively for our staff nurses, but are open to any outsiders who are sufficiently interested to come.

We also make systematic visits to many of the state and city institutions, finding it greatly to our advantage to be familiar with their administration and scope.

The privilege of taking a special course given by the Boston School for Social Workers is offered to any of the nurses who are qualified for it, in conjunction with their work. The tuition fee is forty dollars and the course requires two three-hour sessions weekly. The weekly conferences of the Associated Charities, open to the nurses, are of great educational value along social lines.

In the past six months we have carried from ten to twelve hundred patients on our visiting lists. With so vast a number under home supervision we can readily offer the graduate nurse an opportunity to do volunteer field work, which we do at her solicitation. Valuable workers are often available through this means.

The Boston Consumptives' Hospital hopes in the near future to establish a definite and efficient post-graduate course for nurses desiring to make a specialty of tuberculosis work. Such a course is becoming more and more a necessity, since the general hospital no longer accepts tuberculous patients.

Will the secretaries of the different alumnae societies of training schools for nurses please send their by-laws and constitutions to M. E. P. Davis, chairman of the Committee of the Pension or Insurance Fund of the Nurses' Associated Alumnae, 1723 G St., N. W., Washington, D. C.

SUGGESTIONS FOR WHAT IS REQUIRED IN BUILDING A NURSES' HOME *

By AGNES S. WARD, R.N.

Superintendent Metropolitan Training School, Blackwell's Island, New York

WHEN a new nurses' home is under consideration, it is most advisable for the superintendent and others interested to note all requirements. Many of these requirements may be suggested by visiting other modern homes; not infrequently improvements may be made on what is found in these homes.

The first thing to be considered is the number of people to be accommodated, then the amount of money which is available. Where a site must be purchased, the best location possible is advisable, as this is one of many things which will affect the standard of nursing.

The future needs and growth of the institution with which the school is connected must always be considered. Where it is expected that the hospital will be enlarged, a home to which wings can be added seems much better than one where additional stories are planned. A wing can be added with very little disturbance to the home; where a story is added there is not only the discomfort of having the workmen continually passing through the home, but also the noise, which not only prevents the night nurses from sleeping, but in case of serious illness might even be a menace to the life of a patient. If the wings are to be added in the near future it is well to consider having the foundations made when the initial work is being done. This will considerably reduce the expense of the wings.

Where available funds will not permit of desired comforts, the work done should give the essential needs, the comforts coming later. Thus, if it is not possible to have single sleeping-rooms and the desired reception, lounging rooms, etc., the sleeping-rooms should have first consideration.

When a meeting of those interested is called, the architect should be present, and all details gone over and thoroughly understood before he is asked to draw plans or make estimates. When these plans are submitted for consideration they must be gone over with the greatest care, even to the minutest detail, as this is the time to call attention to any changes which may be desired.

* Illustrations of the Metropolitan Training School and of the reception room may be found in the JOURNAL for July, 1909.

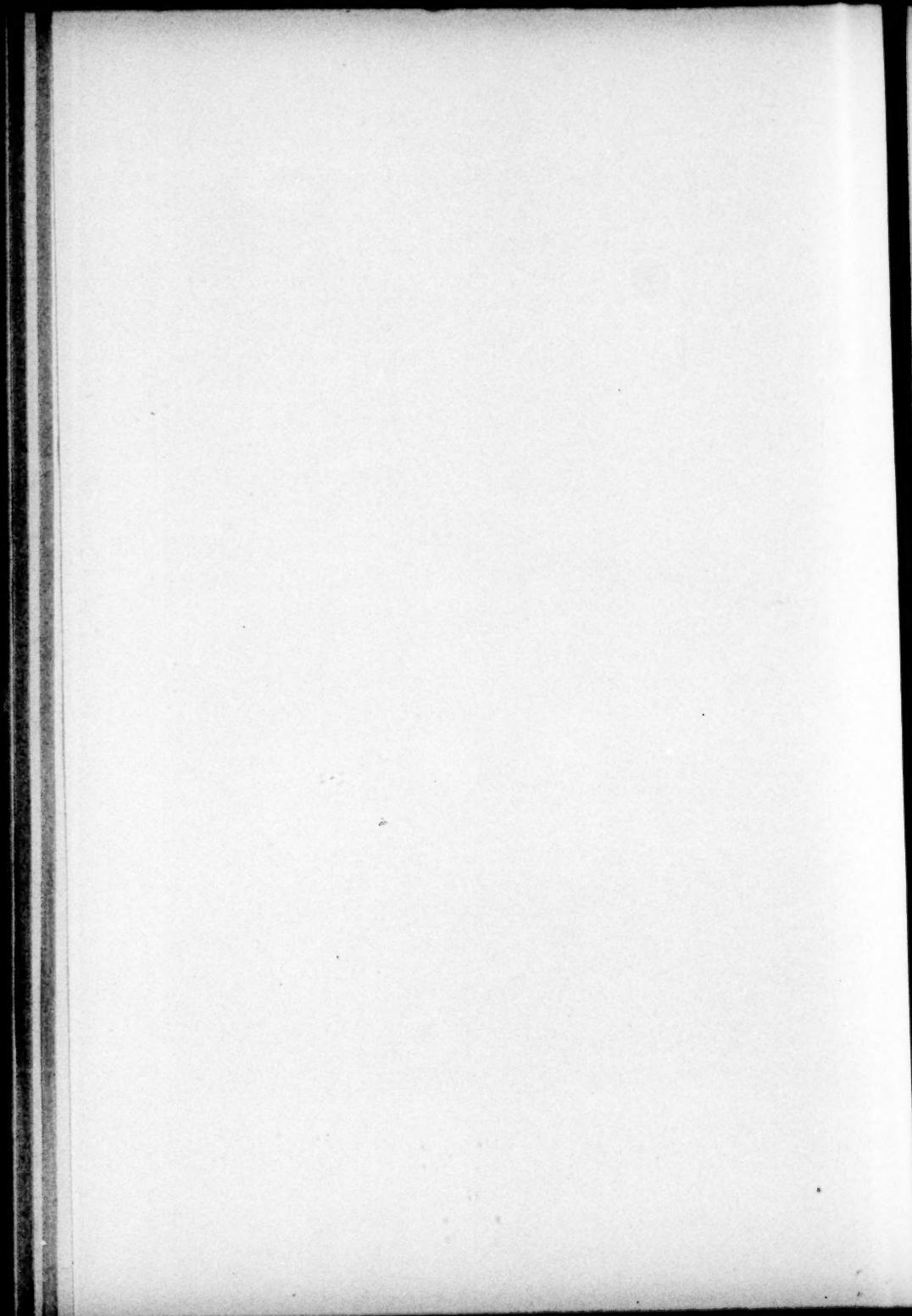
The superintendent, or some one especially interested, should carefully watch details as the building progresses. It may be desirable to have changes made, and these may sometimes be brought about before the work is done; however, if there be a contract to have the building done at a certain time, and as any slight change made enables the contractor to break the contract, it may seem best to let the work be finished and have the changes made afterward.

The following suggestions may be helpful. It is pretty generally accepted that nurses who work hard nine or ten hours a day, and spend most of their evenings and hours off duty in study, should have a single room where they will be uninterrupted in their study or rest time. It is well to have the rooms large enough for comfort but too small to ever permit of putting in a second bed; if this precaution is not taken, as the hospital grows the second bed will probably be put in, and the nurses be crowded and uncomfortable perhaps for years. A room 9 x 14½ ft. will be large enough for comfort and will not permit of a second bed. From the above room space a clothes closet 2½ x 5 ft. may be taken; which, fitted with two or three shelves and a good supply of hooks, ought to insure order in the nurse's wardrobe.

A combination wall bookcase and writing desk is a great convenience, as it not only gives the nurse a place to put her books, but it also does away with the spilling of ink on table covers or rugs which occurs more or less frequently where there is no place provided for writing. This desk should be placed where it will have good light and ought to be included in the original plan of the rooms, as plugs should be put in the walls to give support. The window should be placed nearly opposite the door with a transom over the door, so that good ventilation can be secured during the entire twenty-four hours; ventilation should also be planned for the closet. An electric light in the closet, which will light when the door is opened and be extinguished when the door is closed, is most convenient. A window pole should be provided for each room, which can be hung in the closet near the door. The picture moulding, when not put close to the ceiling, should be on a line either with the top of the door or window.

A portion of a floor or wing might be reserved for night nurses. This would mean extra rooms, but the night nurses are so frequently disturbed by noise during the day and become worn out for lack of sleep that the separation would be a decided benefit to all.

In many homes double rooms or dormitories are provided for probationers. It is doubtful whether this is desirable, as the probationer leaves her home, where she probably has had her own room, and the



dormitory or uncongenial room-mate may influence her to give up her training.

Each door should be fitted with a key to which is attached a brass tag with number. These keys are always left in the office. In numbering rooms a good plan is to number them by the hundred, one hundred on each floor. A certain number of master keys are supplied for each floor, and four or five grand master keys which are given only to the superintendent, supervising nurse, or matron. The master keys should not fit the doors to linen or supply rooms. These should have distinct keys of their own.

Suites, including sitting-room, bedroom and bath, should be planned for the superintendent and assistant. If the institution is a large one and there are a number of assistants, some of the suites might include two or three bedrooms, with one bath and a sitting-room. These suites might be arranged one on each floor. This will be the most suitable arrangement for the necessary plumbing, and will also have a good disciplinary effect on the nurses.

A large reception room on the ground floor, where the nurses can congregate and entertain their friends, would be quite an adjunct to the home. This should be one of the principal rooms, and as the main entrance would probably lead into it, it would be the one to give the visitor the first impression of the home. Bearing this in mind, a room which would give a real home feeling and a feeling of comfort would be eminently suitable. If the dining-room is on the same floor, a cloak room and lavatory should be conveniently located, so that when the nurses come to meals or have an hour off duty, they do not have to go to their rooms unless they feel so inclined.

(To be continued)

Announcement of a national tuberculosis Sunday to be held on April 24th in 215,000 churches of the United States has been made by the National Association for the Study and Prevention of Tuberculosis. It is planned that tuberculosis sermons shall be preached in all the churches of the country. Literature will be distributed to members of the congregations, and in every way an effort will be made to teach that tuberculosis is a dangerous disease and that it can be prevented and cured.

"THE RIGHTS OF THE BABIES" *

BY CAROLINE E. KNIERIEM, R.N.

Graduate St. Barnabas' Hospital, Minneapolis; Boston Floating Hospital Post-Graduate Course; Nurse-in-charge Baby Cottage Hospital, State Public School, Owatonna, Minn.

A POSTCARD greeting once brought me this message: "Shine! for another life may borrow from your lamp a kindly ray." If I am able to send out even one little glimmer of light, though it be only a reflected ray, I shall feel repaid for this effort and will try not to weary you too much with the coos and cries of my blessed babies.

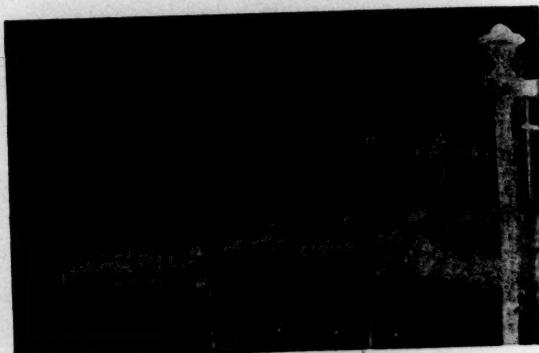
I am aware that this subject is not a popular one with the majority of nurses. They may see interesting possibilities in one well-kept, properly nourished baby, but the pathetic setting of a group of motherless infants whose only nourishment is supplied by the dear old "moo cow" through the agency of a few spinster nurses whose greatest anxiety is to have everything in use "surgically clean," even to the baby's thumb before putting it into his mouth, as babies sometimes will, you know—this does not appeal to the average nurse.

This subject, in itself, may seem somewhat sentimental, but I hope to prove to you who are open to conviction that the work among infants and young children is not all a mere sentiment, but, on the contrary, that it is *very real* and that it has a deeper and more practical side. It is an ever-increasing and most perplexing problem which every true nurse should be ready and willing to meet and help to solve, and whether success or failure crown her efforts in the struggle to prolong the frail little life entrusted to her care, she at least "hath done what she could"—*her duty*.

Some one has said that a woman is far more competent with a baby on her lap. If this be true why should she not be still more competent with thirteen or sixteen babies on her lap?

During my past three years in this work, the experiences and revelations have been many and varied, but the end is not yet. We are still in the kindergarten. The one thing which will help to prevent our growing bitter and resentful is the soul-light in the sixteen pairs of baby eyes looking up into ours, and with mute appeal saying, "We are here,—will *you* help to take care of us?" Then the grateful baby

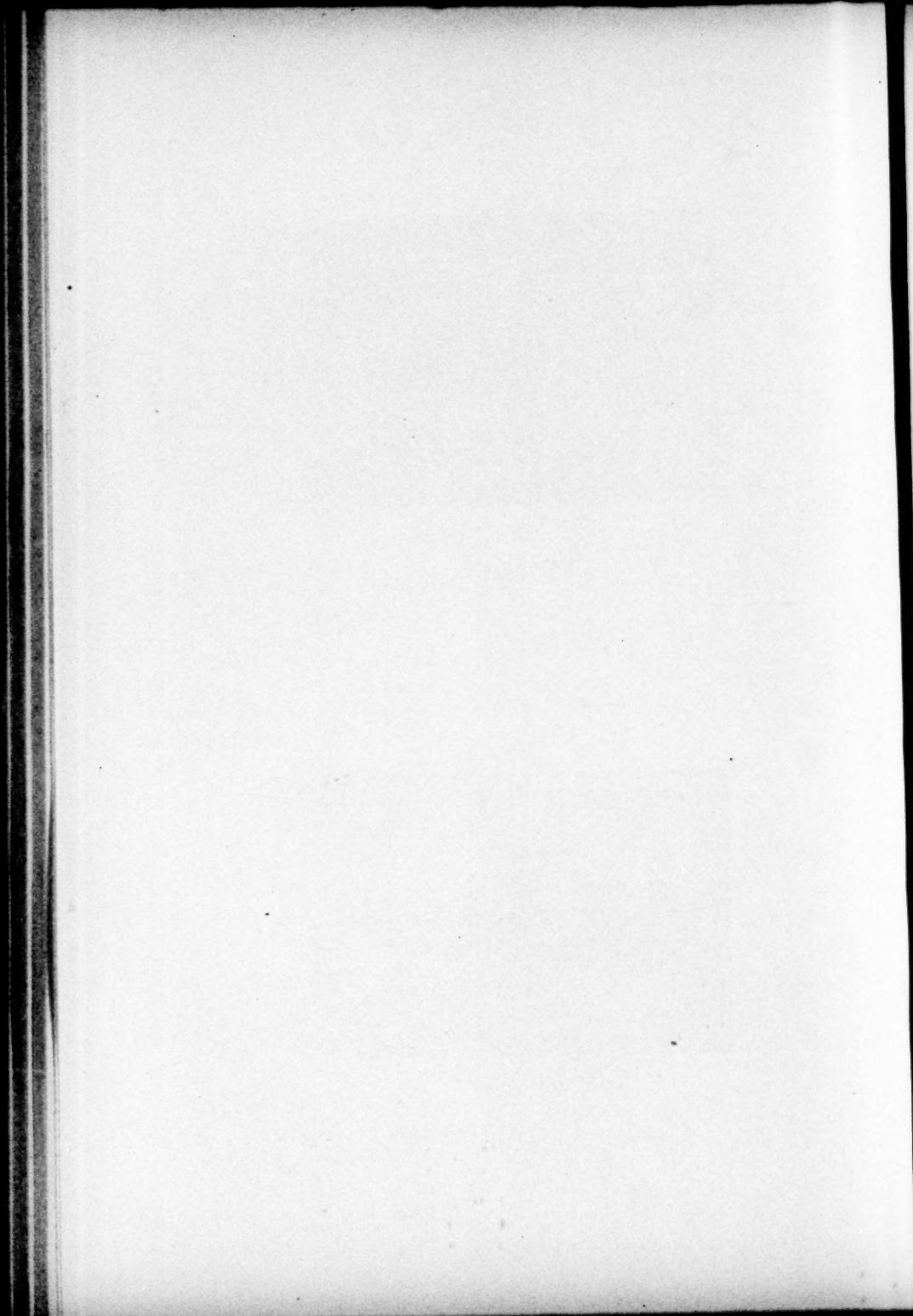
* Read at the St. Barnabas Alumnae banquet, June, 1909.



A CORNER OF THE NURSERY.



A GROUP ON THE LAWN.



smile at every gentle touch or care. Do you think you could resist sixteen smiles all at once?

Many of our visitors, in passing through the baby cottage, are impressed with the pathetic side only. The sight of these helpless little ones appeals to their sympathy. Yet how many, do you suppose, would be willing to deny themselves some pleasure to insure the future happiness and comfort of even *one* baby? As they look upon these infants in their happy, contented state, they may commend the work in general, but they have not the slightest conception of the incessant labor and nervous energy required to make this transformation.

A great philosopher once asked, "What's the good of a new-born child?" He may have given less thought to the possibilities of our blessed babes than did his grandmother or even his spinster aunts. As well ask, "What's the good" of a new-born anything? A thought, an idea, a plan,—everything must have a birth, a development, and a destiny. These infants are placed in our hands. We accept them cheerfully and reverently, with the firm conviction that every little child born into the world has a divine right to its existence, no matter what may be its environment or heritage. Our duty is to use every means in our power to sustain and strengthen the little life and to supplement, as far as possible, what has been denied it by its natural parents. Our part is to take care of the growth and development. In due time we send them out into the world to make a place for themselves, leaving the destiny in the hands of the great, wise, and tender Guardian who, Himself, once lay in the humblest cradle.

After you have seen and actually handled these frail little specimens of humanity,—not simply one by one, but by the dozens, group after group,—when you have watched them hour by hour and day by day, looking for even the slightest improvement, you will begin to understand in a measure what an endless task you have before you and what infinite patience and courage must be required to keep you *always* at the post of duty.

You may wonder how we are able to train and discipline so many and at such an early age. Here again we meet with difficulties and discouragements. Criticisms and false impressions must be met and overcome. The nurse is subjected to a regular catechism, but strange to say she never seems to know the correct answer to this list of questions. We *must be* persistent in what we believe to be the right course, and every success gives us new courage to persevere in our efforts. We insist upon regularity in the daily routine of feeding, bathing, rest, and exercise. Some one sarcastically remarked that, "They even have a

regular time each day to nibble their crusts." This occurred a year ago. The *fact* still remains, but *not* the sarcasm, not the author of it.

The hardest and most important factor in the whole problem of baby work is the wet nurse. If you have never had to deal with her you cannot appreciate the infinite tact and patience necessary to keep her in proper condition, mentally, morally, and physically, in order that she may perform the function required of her; to teach her the dignity and sacredness of her position and her relation to the infants who depend upon her for nourishment. You may have your own standard—your own ideal; make it just as high as possible for yourself, but do not be disappointed if all others fail to reach the same high level. In time, however, this, too, becomes one of the most interesting features of the work, and always leads us out to the same practical though pathetic thought,—the baby needs its own mother, and in order to thrive well must have its own natural food.

By the employment of these unfortunate young women we seem to be using one evil to overcome another, yet, if properly directed, both parties may be greatly benefited by the arrangement.

The prevention of infant mortality and infanticide are problems the solution of which will go hand in hand with the warfare upon tuberculosis, venereal diseases, and other social evils, and we, as nurses and the natural reformers among women, should use our influence in helping to create a public sentiment against these evils which will be stronger than any *written* law. We may need to dig deep into the mire at times, but we have only to be true to ourselves and our own womanhood and the clay will fall from our hands, leaving them cleaner and purer than before. Here again the pure light from the baby eyes gives us new courage to go forward and renew our battle for right and justice.

Emerson says: "To believe your own thoughts, to believe that what is true in your own heart is true for all mankind,—this is genius. Speak your latent conviction and it will become the universal sense. For the inmost in due time becomes the outmost."

It may require many little "Davids" to slay with his slingshot the modern "Goliath" who is responsible for these great and terrible evils, but at least we must do what we can to save these little "Davids" while we have them with us and in time they may become our strongest and safest allies.

NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

AN ASSOCIATION OF TRAINED NURSES IN CHINA

MAUD TRUXTUN HENDERSON, graduate of the Boston City Hospital, writing from Wusih, Kiangsu, under date of December 6, says:

"I am writing to tell you of the step taken by the trained nurses in China in the formation of an association.

"The summer season always brings a number of us together at Kuling, from all parts of China, and the period there is always one of recreation and refreshing for tired bodies, and of renewed inspiration and strength for work through conferences, formal and informal, consultations and discussions.

"The plans for an association have long been in the air, and now it has been formally organized. We call ourselves the Nurses' Association of China, hoping to be, before too long, the Nurses' Association in China. We have come together for the mutual help and inspiration and knowledge that can come to us through an association; and with the deep and earnest purpose of strengthening ourselves for a great work, a large opportunity which is before us presenting many complex and difficult problems. Before us who are here now, and before the many recruits from the homelands to whom we are waiting to extend our welcome, eager that we may share together the great privilege, the great responsibility, noble work has been done by the pioneers who have opened the way, opening hospitals, starting training schools, translating books, and working against odds which we in the new China of to-day will scarcely know. But after all there has been so far only a beginning, and there will be problems for many days to come. There are only a few training schools that require a standard and deserve the name.

"It is only recently that the women of China have been ready to step into this new place of service and discipline, obedience, and trust. Even now only a very few are coming forward, but the leaven of a new public opinion that follows close upon the teaching of our Master is beginning to work.

"By the next post I will try to send a copy of the constitution that we adopted. You will see that the question of standard has been especially before us. We want from the beginning to make it stand for something to be a member of the association; for one reason, in order that a better class of women will be attracted to the profession, and that those who begin their training shall have a definite standard to press forward to; another stimulus to help them face the dreaded question of examinations; and to help them at their post when a wavering will suggest to them to give up, or that a half training would do.

"We have our plans, too, for a nursing literature. We are all busy women and it must be a step at a time. The editors of the *China Medical Journal*, the organ of the Medical Missionary Association of China and Korea, has offered us space for a nurses' department. We are also planning for a nurses' department in some of the Chinese papers. Our constitution will be printed simultaneously in Chinese and in English, and in English and Chinese papers. We hope that we may arrange exchanges with the home papers.

"With the constitution will come the list of the first officers and their places of graduation. You will see that Mrs. Hart of Anking is our first president.

"We are most anxious to get into close touch with the associations at home and be mutually helped."

ITEMS

The Alaskan Churchman, published quarterly at St. Matthew's Mission, Fairbanks, is an attractively printed paper, interesting all the way through, making the life of the Alaskan missionaries real to the reader, and convincing one of the need of just such work as is being done there. Quotations from it will be given in this department later.

THE latest bulletin issued by the Student Volunteer Movement gives the following list of places where missionary nurses are needed: China, India, Arabia, Africa, Philippines, Porto Rico, Bolivia.

A READER of this department, referring to an item in the January JOURNAL, tells us that Margaret C. Graves, who has gone to Fairbanks, Alaska, is a graduate of the Moses Taylor Hospital, of Scranton, Pa.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

INTERNATIONAL REPORTS SENT TO THE DOWAGER QUEEN OF SWEDEN

THE Councillors of the International Council have had all their reports bound in one volume for presentation to Her Majesty Queen Sophia, Dowager Queen of Sweden, whose interest in nursing sent the splendid delegation of Swedish nurses to the London Congress last summer.

THE FLOODS IN PARIS

EVERYONE who knows Paris even slightly will feel doubly distressed at the terrible disaster that has afflicted the beautiful city. According to the daily papers, the floods have invaded the Salpêtrière Hospital, in which we all feel a special interest on account of the delightful recollections we have of hospitality shown us there within its historic walls, and the new school for nurses which is now a part of it. Many of the patients have had to be carried through the flood to the Boucicault Hospital, and we may be sure that the pupil nurses have all had their share of exciting adventure. Paris has our deepest sympathy and best wishes.

FORCIBLE FEEDING IN ENGLISH PRISONS

THE forcible feeding of women political prisoners in English prisons by the orders of the unspeakably craven late Home Secretary is developing into a national scandal, and touches in different ways both the medical and nursing professions. Even Russia has never resorted to the cowardly form of torture of forcibly feeding resisting prisoners who are neither ill nor insane, and this during a period of three and four months. The medical men attached to the prisons have, of course, had to obey the orders given them by their superiors in the Government; this is self-understood, but the profession is now turning under the attempts of the Government to place the entire responsibility for this procedure, which is rousing the indignation of the whole world, upon the medical officers. *The British Medical Journal* of December 18 has a long editorial dealing with the scandal, and resenting in the plainest terms the attempt to throw all the odium upon the prison physicians. Sir Victor

Horsley, one of the most distinguished medical men in Great Britain, and a champion of the nurses in registration matters, has written a strong protest to the Government against the forcible feeding, calling it the miserable expedient of a weak minister and an outrage on a political offender. He also points out in terms of authority the dangers to health involved. Many prominent physicians have signed the protest. Among the prisoners thus cruelly treated have been several nurses. Miss Wilson, who is a nurse, has protested in *Nursing Notes* against the added insult to injury, in that the taxes of women are applied to the support of a government which applies coercion to women while denying them their right of representation. Aside from all else, it seems as if nurses and physicians might both protest against the degradation of the healing art and of one of its last resorts for the preservation of life, in being used as a brutal method to suppress free speech and the demand for justice.

A WOMAN POLICE OFFICER

FROM Sister Agnes Karll comes a most moving and impressive "human document," the account of the work of a woman who has for a number of years held the official position of assistant to the police in Stuttgart; Sister Henriette Arendt (is she probably, with the title of Sister, a nurse also?), who in a small and neatly bound book of some 115 pages has related, in the simplest and most earnest fashion, entirely without waste of words and with the knowledge and authority of the expert and master of her art, the scope and content of her office as policewoman. She was appointed the first woman police officer in Germany in February, 1903, her post being in Stuttgart. Her duties were to watch over and care for the women prisoners and to follow them up with help and care after their release. The work in general seems to be similar to that of our "probation officers," some of whom, as everyone knows, are women.

A "foreword" by Dr. Naumann makes an earnest plea for the wide extension of such work by women, as officers of the state, and points out the hopeless and wasted character of mere punishment as against reformation. But Sister Henriette dwells upon the need of prevention, and illustrates her point with the saddest of histories. She gives terrible evidence of the misery arising from inheritance, and names the group of the hereditarily handicapped as the largest group among her charges. She considers prostitution in all its phases, with burning words for the hypocrisy and indifference of society, and wonders that women have not long since protested against its organization, that dire insult to all womanhood.

She describes the various ways, all inadequate enough, in which her charges are helped and taught. The book should be widely read and its lessons laid to heart. We must hear from Sister Henriette in Cologne.

PROGRESS IN AUSTRIA

FROM the German nurses' journal we learn that steps are being taken to establish a school for nurses on modern lines in a division of the immense General Hospital at Vienna, under the direction of two of the chiefs, and that applications have been made to the German Nurses' Association to supply the superintendent of nurses, an assistant or home sister, four surgical and four medical head nurses. This is most interesting news, and we shall look eagerly to know the later developments. Might we venture to suggest to the medical chiefs that they let Sister Agnes draw up the rock-bottom principles for the work? They will then not only be sound, but workable, too. May the day of twenty-four hour regular duty and eight hours "bei-dienst" in that vast place soon vanish into the past! Good luck to the new school.

ITEMS

AUSTRALIAN nurses are dealing seriously in their associations with the problem of the care of the middle class, and a system of hourly nursing seems to them to be the way in which it can be best worked out, all things taken into consideration.

THE advance of practical over theoretical instruction is evidenced in the change made by the Royal Victorian Trained Nurses' Association in their conditions for a special certificate for technical fitness to nurses who are preparing for positions as superintendent. The lectures previously given on hospital economics and training-school management are to be replaced by practical work, outlined as follows: Twelve months' post-graduate responsible work as a staff nurse, head nurse, or sister in a recognized training school or registered private hospital or other responsible position or work deemed by the council equivalent thereto; a certificate of cookery from a recognized teacher of cookery, and a certificate of having attended the course of lectures on dietetics arranged by the R.V.T.N.A.; a certificate of four months' practical work under a registered matron in a registered training school of not less than sixty daily occupied beds, the work dealing with the preparation and taking of nurses' classes, supervision of wards and servants, and the selection of same; the linen room and its management, bedding, etc.; the values and prices of all goods for household and surgical uses; taking stock

and balancing at the half-year; and a certificate from the matron that such practical work has been satisfactorily performed, and to pass an examination therein before a board appointed by the council for the purpose; the special nursing certificate of the association in infectious diseases nursing. It is also recommended that candidates obtain some experience in private nursing.

THE French nurses' journal criticizes with deserved severity the new rule of the War Department, making black merino dresses the regulation uniform for the nurses. We suggest that they refuse to wear it. It is too absurd in these days to be dressed according to the aseptless ideas of the year one! What a pity that military officers so often have every kind of sense except common-sense! This fearless and highly ethical journal also takes up seriously another defect of discipline which we need not go into, as American nurses would not understand it. *La Garde-Malade Hospitalière* is like a lighthouse, never failing to point out the right way, and show the reefs and pitfalls in the way of true nursing progress.

THE English nurses have a great many very excellent League journals, and they are all so very prettily gotten up. Every year or so another appears, and it seems a pity that some one of our enterprising alumnae associations should not make a collection of them. The International Council of Nurses' library in London is probably the only place where a complete collection can be found, and some day, no doubt, antiquarians will pay their weight in gold for some of the first numbers.

ALREADY great interest in our next international meeting in Cologne is being expressed in many quarters. An extraordinary and gratifying amount of attention is being shown by the medical fraternity of European countries, and it is probable that we shall be honored by the attendance of many of the most progressive of these medical men. We need not say how welcome they will be.

"Never, never let the nurse forget that she must look for the fault of the nursing as much as for the fault of the disease in the symptoms of the patient."—FLORENCE NIGHTINGALE.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE.

IN CHARGE OF
HARRIET FULMER

FAIR COMPENSATION FOR WELFARE WORKERS

By IDA M. CANNON, R.N.

Head Worker, Social Service Department, Massachusetts General Hospital

SEVERAL years ago when I left a short experience in private nursing to take up visiting nursing, I remember my greatest comforts were that I no longer had to make out a bill and that my salary did not come from the people I was serving. The salary was small, I remember, but I was so interested in the work I was engaged to do that I took a little secret pride in ignoring the financial side. I imagine this is not an uncommon experience of visiting nurses.

I was young and vigorous, and not being of a provident nature, I did not realize the seriousness of my inability to save for the future from my very limited income. I did not realize that I was helping to establish the standard of pay for visiting nursing as well as a standard of work. I must confess that according to my present standard for efficient visiting nursing, I probably was paid all I was worth.

It is twelve years since then, and during that time we have seen the rapid development of nursing along social lines. With the opening up of new possibilities for public service we have seen new burdens laid on our profession before we were ready to bear them.

Miss Waters's book brings out very strikingly the fact that, in spite of the higher standards for visiting nursing, the majority of visiting nurses throughout the country are still receiving the standard salary of twelve years ago.

A discussion of standards of wages is a very difficult thing when the service rendered cannot have a definite market value. In professions that demand personal service it is impossible to be arbitrary about them, but it seems to me that a frank discussion of this matter is especially pertinent now, when we are finding ourselves in the possession of a rather precocious offspring whose nature we do not quite understand but whom we are sure has been born to fill a place of unusual responsibility.

In our work at the Massachusetts General Hospital scarcely a day

passes that we do not have letters asking for literature about hospital social service, or visitors who wish to see the work as it is carried on, that they may help to establish it in some other hospital. This is naturally followed by the request for advice about workers to take these positions elsewhere and the question of salaries. Very frequent is the request for a nurse to do tuberculosis or baby hygiene work. Almost invariably they specify the desire for a nurse with social training, the "socialized nurse." We are only one of the innumerable centres for such inquiries and I judge from what I can find out from others in similar positions, our feeling of almost helplessness is not unique.

Those of us who are engaged in medicosocial work are facing a serious responsibility which seems to me to be two-fold: (1) the development and maintenance of a still higher standard of work; (2) the demand for adequate remuneration for service rendered.

The most serious part of the question seems to be the question of securing the women who are equal to the demand of social service. I, for one, painfully realize how impossible it is to live up to the ideals of this new march of nursing—this almost new profession, for it is, I believe, not simply a development of nursing but the coalition of the two professions of nursing and social work.

I have tried unsuccessfully to tabulate the requirements—to make a score card showing in the proper proportions the qualities and training necessary for highest type of medicosocial worker. There are plainly, however, three special elements necessary—personality, medical and social training. The personality should be characterized by intelligence, a love of people, a wise sympathy, open-mindedness, initiative, a spirit of co-operation, and resourcefulness. Supplementary to her medical training the nurse should have social training or experience, which should give her a conception of the ideals of another great profession—that of the social worker.

We all know the difficulty of getting such women, but I do not believe it is impossible. As the demand increases, more and more of our capable women who are now, many of them, taking up hospital work as the only alternative to private nursing, are going to see the fulfillment of their, maybe unconscious, desire for public service in medicosocial work and will prepare themselves for it. The splendid opportunity which the new course at Teachers' College will offer is full of promise.

It is not that I underestimate the seriousness of the underpay of nurses in social work that I speak of this second. It is that I feel the necessity of fulfilling our obligation before we demand its recognition. I appreciate, however, the close interrelation of the two.

One reason for the inadequate salaries in all kinds of social work is, I believe, the fact that social work as a profession is only recently becoming recognized. Twenty-five years ago most of those who were struggling with the problems in the poorer districts of the cities were working as volunteers or semi-volunteers. Social work as a profession is fast developing, but we have not yet passed the semi-volunteer stage. The instinctive desire to be of service, which is very strong in some women, overpowered the objections to small income. In some instances this meant no hardship because of other resources; in others it meant sacrifices all too extravagant.

Those of us who are daily hearing the calls for nurses as social servants and appreciate that the instinct for service cannot alone fit one for efficiency, realize that the new demands for supplementary training must be met by the assurance of a reasonable financial return to those who prepare themselves for this new branch of the profession. It is our responsibility to force upon those managers and persons in authority who desire a high standard of efficiency for the work, the fact that if they are unwilling to pay a salary that will insure proper living conditions and a possibility of saving for the future, they cannot and ought not to expect to get any one but a mediocre person.

It is much easier to demand higher salaries for others than for oneself, but I feel that a responsibility is placed on every nurse who accepts a position in social work. First, of course, she is helping to make the standard of service, and second, she is helping to establish the standard of salary for that service.

I am not in sympathy with the principle that one may accept a salary entirely too low for the service rendered, because she is willing to give of herself. It is placing a money value on personal service which is impossible and yet no account of this is actually made. If a nurse wishes to contribute to the work in which she is interested let her have the privilege of giving that part of her salary which she can afford to give, but do not force it from her by placing a low value on her work.

We are living in a most interesting period of changing standards of work and wage—a period of grave responsibility for us all. Let us consider the rational balance of these two elements without losing sight of our ideals.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

INTRAVENOUS NARCOSIS WITH ETHER AND CHLOROFORM.—The *New York Medical Journal*, in a synopsis of a paper in a German contemporary, says: Burkhardt states that this method is indicated only in cases in which general narcosis would otherwise be used and in which asepsis can be maintained. In such cases the method is of special advantage, (1) in patients whose organs of respiration and circulation are not intact, and in feeble individuals, because the primary irritation of the respiratory organs and the reflex disturbances of the respiration and of the heart are done away with, the blood-pressure is not altered, and overdosage is hardly possible; (2) in operations on the head and neck for the convenience of the operator; (3) in patients who have a marked idiosyncrasy, or a great aversion to the inhalation of the anesthetic.

DISINFECTION OF ROOMS.—The *New York Medical Journal*, quoting from a German contemporary, says: Hannes recommends the use of formaldehyde produced from a mixture of paradorm powder, potassium permanganate, and water in the proportion 1:2:3 as equally as efficient and cheaper than the gas produced by means of an apparatus.

TUBERCULIN TREATMENT OF DISPENSARY PATIENTS.—In the *Boston Medical and Surgical Journal*, Hawes gives reports of dispensary patients treated with tuberculin at the Massachusetts General Hospital, Boston Consumptives' Hospital, and the Good Samaritan Day Camp: Out of 143 patients with various forms of tuberculosis treated with tuberculin during the past four years, nineteen have died, sixteen have shown no improvement, while 108 have been benefited to a greater or less degree. In no instance have the physicians been able to see that tuberculin has done the slightest harm; reactions have been rare and invariably of a very mild type. In incipient pulmonary tuberculosis, especially in children, tuberculin is a factor in increasing body resistance and in maintaining this resistance so as to prevent relapses. In more advanced pulmonary disease tuberculin will often alleviate distressing symptoms, prolong life, and occasionally help to arrest the process. In localized or "surgical" tuberculosis, tuberculin has a marked beneficial effect.

Its administration should always be combined with hygienic outdoor treatment, and in the vast majority of instances should be subservient to this. Dispensary patients can be treated with tuberculin not only with perfect safety, but with benefit, providing that there is a close personal co-operation between patient and physician.

SOME USES OF OPIUM.—The *Medical Record*, in an abstract of a paper in the *British Medical Journal*, says: Eustace Smith discusses the therapy of opium from the older standpoint, before so many sedative remedies were at the disposal of the physician, and he thinks that we have gone astray in forgetting much old knowledge. For relief of pain it is still to be used, for small doses are stimulating as well as sedative. This stimulating action is well seen in cases of indolent ulcers of the skin and mucosa, and can be turned to account in obstinate sores in cachectic children. The circulation is also stimulated and the resistance of the body to depressing influences is notably increased. To old people mentally depressed, nervous people in presence of some depressing event, children wearing drainage tubes, etc., it is especially grateful. Too large doses should, of course, be avoided, and care should always be taken to fit the dose to the susceptibility of the patient. In old persons with bronchial catarrh and profuse expectoration, it is contraindicated if the skin is livid, lips blue, and chest oppressed, but it can be profitably and safely used if the breathing be easy, skin clear, and cough quite loose. In inflammation of the serous membranes it must be freely given. It may be given to infants. For a child of twelve months $\frac{1}{40}$ gr. morphine may be injected, combined with $\frac{1}{100}$ gr. atropine in cases of spasm, and in half an hour the dose may be repeated if the spasm is not relaxed. When the air-passages are alone affected it is better to use grindelia. Opium is of great value in all forms of loose bowels, useful in cystitis combined with painful spasm at the neck of the bladder. As a hypnotic it is free from the depressing effect of many of its modern substitutes, etc. In eight days the drug will have passed out of the system, and if it is found in the urine (during that period) of habitués who are under treatment, it is safe to assume that they are continuing the drug secretly.

The *Journal of the American Medical Association* for January 29 contains two articles of interest to nurses. First, "Subcutaneous Purgatives," by G. L. Rowntree of Baltimore, in which is described the various efforts made in the past to find a drug which could be used subcutaneously as a purgative with satisfactory results. The one described has an almost unpronounceable name—phenoltetrachlorphthalein. It was tried first in animal experimentation, and after it was proved that the injec-

tions produced no local irritation and that it had no bad systemic effects, it was tried upon a number of patients with encouraging results and a promise of future usefulness. It is not soluble in water but is prepared in oil, which necessitates the administration of a rather large dose. It acts slowly, requiring from eighteen to twenty-four hours to take effect, but the action continues over a period of from five to eight days. There is no abdominal distress but a daily soft evacuation of the bowels. It would seem to be of value for cases of coma, marked gastro-intestinal irritability, at the time of abdominal operations, and for the insane.

Second, "Pasteurization of Milk," by Rowland G. Freeman, M.D., a plea for pasteurization at home of the best certified milk obtainable, for the reason that it is impossible to tell surely that there are no disease germs in even the most carefully handled milk. He states that the old theory that rachitis and scurvy were caused by the use of pasteurized milk has not been sustained.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, January 1, "The Effect of Venereal Disease upon the Public Health," Edward L. Keyes, Jr., M.D.; January 8, "The Treatment of Pneumonia with Extract of Leucocytes," Editorial; January 15, "Typhoid Fever," Editorial; January 22, "St. Luke, the Physician," James J. Walsh, M.D. *Medical Record*, January 1, "Radium as Specific in Giant Cell Sarcoma," Robert Abbe, M.D.; January 8, "What may be done to Improve the Hygiene of the City Dwellers," S. Adolphus Knopf, M.D.; January 22, "Reduced Typhoid Mortality," Simon Baruch, M.D. *Journal of the American Medical Association*, January 15, "The Wassermann Reaction in Prostitutes," Editorial; January 22, "Vaccine Therapy," Mark W. Richardson, M.D., "Animal Experimentation and Cancer," James Ewing, M.D., "Jonneco and Stovaine," Editorial; February 5, "Corn and Pellagra," D. R. Silver, M.D. "A New Sputum Test for Distinguishing Bronchial from Pulmonary Disease," Editorial. *Yale Medical Journal*, January, "Alcohol as a Food," M. M. Scarborough, M.D., "Alcohol as a Poison," T. D. Crothers, M.D., "The Therapeutic Use of Alcohol," Oliver T. Osborne, M.D., "Heredity and Crime, a Study in Eugenics," William H. Carmalt, M.D. *Southern California Practitioner*, "Etiology of the Venereal Plagues and Some Methods of Prevention," W. L. Holt, M.D. *Nurses' Journal of the Pacific Coast*, February, "Pellagra." *The Survey*, January 29, "A Bird's-eye View of the Antituberculosis Campaign," Phil P. Jacobs; February 5, the whole number is devoted to the work of the juvenile courts and should be read in full.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

STERILIZING OF UTENSILS—A REPLY FROM ITALY

DEAR EDITOR: In the November number of the JOURNAL, T. M. M. asks to be told of a quick method of sterilizing enamelled utensils.

I am doing pioneer work in this Italian hospital and hardly dare to make a suggestion of any kind, but surely the Italian system of sterilizing such utensils by burning spirits of wine in them is better than using bichloride of mercury, which corrodes.

We move the burning alcohol about so as to reach every part of the utensil just before using, and it does not damage the articles in the least.

Yours sincerely,

GRACE BAXTER, R.N.

January 19, 1910.

Opesdale Gesu e Marie, Naples, Italy.

SOUTHERN HOSPITALITY APPRECIATED

DEAR EDITOR: It is a pleasure and a privilege to thank, through the JOURNAL, the members of the Graduate Nurses' Association of Virginia for the courtesy extended to a stranger in Richmond, and a guest at Hotel Murphy, while their tenth annual convention was being held there.

The meetings and the reception given by the St. Luke's Alumnae at their beautiful nurse's home will long be remembered. I regret having left before the reception given by the Virginia Alumnae. The thought comes to me, should these hospitable nurses visit Maine, would we be able to entertain them as royally, having no graduate nurses' association and no state registration? Shame upon us!

MISA GERRY,

Trull Hospital, 1907, Biddeford, Me.

AN APPRECIATION

DEAR EDITOR: Just a word in regard to the JOURNAL. I simply could not do without it, it is fine, and I feel that every nurse who does not take it makes a great mistake, for she will be a better nurse if she reads this valuable magazine each month. It is an inspiration to higher ideals in nursing, as well as a valuable aid in the real practical work.

E. L. B.

APPRECIATION OF THE PRIVATE DUTY NURSE

DEAR EDITOR: May I express through the JOURNAL my great appreciation of Miss DeWitt's article in the February number on the private duty nurse. I remember hearing a speaker at a mass meeting of nurses in New York City classify private duty as the lowest grade of nursing work.

I have benefited many times by the helping hand of the good Samaritan of Miss DeWitt's article, the private duty nurse, and as I watch them, coming

and going "on their faithful way," I am more and more convinced that it is among the ranks of the private duty nurses that we find the greatest measure of the qualifications of the highest type of nurse—"courage and endurance, womanly dignity, tenderness, and professional skill."

B. VANH. S.

BY WAY OF CONTRAST

DEAR EDITOR: I have always enjoyed your magazine, but we are getting too much sliding scale and too much on ideals. No human being could possibly meet the standard, so we will all take for granted we are not good nurses. We are all human and living on earth, not above.

A SUBSCRIBER.

PUBLIC APPEARANCE OF NURSES IN UNIFORM

DEAR EDITOR: I have read with much interest your editorial in the February number on the subject of the nurse's uniform, especially the reference to the sale of Red Cross Christmas stamps by nurses in uniform, and the demand for nurses in uniform at public meetings.

In October, 1908, when the Christmas stamp campaign was being planned in New York City, I had some correspondence on that subject with Mr. Hurd, at that time state field agent of the New York State Branch. In a letter dated October 13, 1908, which I received from Mr. Hurd, he said: "I note your protest against the suggestion to garb Christmas stamp saleswomen in Red Cross nurses' uniform. It did not occur to me that there was anything offensive in the proposal. The suggestion comes from the Delaware Branch and I am forwarding a copy of your words both to Miss Bissell of Wilmington, and to the National Headquarters, in order that they may be given due weight. . . . I do agree with you that whatever the merits of the case, the nurses' feelings should be respected. The matter will be given thorough consideration."

I think this letter proves that the nurses themselves are responsible for the publicity which has been given the uniform.

Furthermore, I recall that in April, 1909, when the Red Cross Nurses' Conference was being planned in New York City, the State Committee on Red Cross Nursing Service sent a communication to all the superintendents of training schools for nurses in New York City and Brooklyn, inviting them to send pupil nurses in school uniform to act as ushers. The number of schools represented in uniform at the Waldorf Astoria on that occasion would lead one to suppose that the superintendents of training schools did not disapprove of this custom. On the other hand, I remember that the question of requiring the enrolled nurses to appear in uniform was dropped by the committee as it was thought probable that if such a ruling was enforced the enrolled nurses would not attend the meeting. I think this demonstrated the willingness of the Red Cross to respect the nurses' feelings in the matter.

Yours truly,

BEATRICE STEVENSON.

HOTEL LIFE OF NURSES

DEAR EDITOR: If a doctor were staying at a hotel with his patient, would any one ever expect him to eat his meals with the hotel employees and the maids of the hotel guests?

This is expected of nurses; and, moreover, nurses do it—nurses who are graduates of good schools and in good standing with their alumnae. To my knowledge, a nurse who had a case in an apartment hotel was told by her patient that she might go to the main dining-room or to the maid's dining-room just as she chose. She elected to go to the maid's dining-room, with the attendants, waitresses, firemen, and engineer.

I have had three reasons given me for this practice: one, that it can't be helped; two, that if a nurse does so, she can keep the case longer, as the expenses will be less for the patient; three, that if the nurse is unwilling to go to the maid's dining-room the patient will speedily get an attendant who does not object.

Sometimes (though I am thankful to say not often) it is the doctor's fault. I have known a fine city physician to advise the nurse to go to the maid's dining-room and to warn her that, if she were unwilling, he could get plenty of nurses who would do it.

Our leaders are nobly striving to raise the art of nursing to a professional basis, yet the majority of the community still regard it as upper class domestic service. That this is so is, I think, in an appreciable degree our own fault. I would like to know what others think on this subject.

SUSAN B. JOHNSON.

REGARDING SILVER CITY

DEAR EDITOR: Your letter of inquiry asking for definite addresses in Silver City to which inquiries as to the need of nurses could be sent has not been answered before, as I did not have the names of the Silver City physicians until now. You may refer to any of these: Dr. O. G. Westlake, Dr. F. P. Whitehill, Dr. G. K. Angle, Dr. N. McLake, Silver City, New Mexico, or Dr. S. S. Peters, Sunnyside Sanatorium, Dr. E. E. Bullock, New Mexico Cottage Sanatorium.

I am hoping some good nurse or nurses will go to this place, as I have heard some very pathetic stories of the difficulties the people have when they need nursing. The operative cases usually come to this hospital or go to Denver. We also have had several obstetrical cases come here because they could not get a nurse. Six hundred miles is a long way to have to travel when you are sick.

LAURA A. BEECROFT.
Minnequa Hospital, Pueblo, Col.

"HOW TO BECOME A TRAINED NURSE"

DEAR EDITOR: Will you kindly allow me to add a word in support of Miss Pindell's statement in the January JOURNAL in regard to the value to the nursing profession of the book entitled "How to Become a Trained Nurse." I have found the publication in question of the greatest use to me in my work of selecting nurses for examination for the naval service. Reference to it frequently furnishes me with information which would otherwise require much tedious correspondence to obtain and I regret to hear that the publisher is experiencing such difficulty in securing the necessary data for the revised edition of the book.

It may not be amiss to mention another instance that has recently come to my knowledge in regard to the difficulty of obtaining information of this character. Over a year ago I went in person to the United States Bureau of Education in Washington to request a copy of the report of the Commissioner of Education

upon the "Nurse Training Schools" of the country. The last report was published in 1906 and the next one was due in 1909. The head of the Bureau told me that this later one (then being compiled) would not contain the usual chapter on nurse training schools for the reason that the Bureau had experienced such difficulty in time past in obtaining the necessary information from hospitals and schools that it had decided to omit statistics of this nature from future reports.

This appears to me to be particularly unfortunate, occurring as it does at the very time when we are so earnestly striving to place the training of nurses upon a purely educational basis, and it is for this reason that I am bringing it to the attention of the profession.

Very respectfully,

ESTHER V. HASSON,
Superintendent Nurse Corps, United States Navy.

DIFFERENCE IN NURSING METHODS IN DIFFERENT LOCALITIES

DEAR EDITOR: As nursing is now considered a science and is taught universally, one would think its practice would be similar in different localities, but this is not so. While the object is in all places the same, the methods of obtaining the end vary greatly.

To one who has been accustomed to the effective system of the large New England hospitals, those of the west present a striking contrast. This might be explained by the fact that our eastern institutions are better established, while those of the west have attained their prominence within the last few years and through physicians who have gained their position in the medical profession by their characteristic ambition and ability.

Generally speaking, the hospitals of the west have exceptionally fine buildings, with good location, sanitation, etc. Money seems not to have been an object in fitting operating rooms, sterilizing appliances, and the many other departments without which the modern hospital is considered incomplete. This apparent extravagance often seems appalling. The nature of the work done is quite similar and the results equally good; but this is accomplished with much less labor and confusion in the east.

As a rule, the physicians of the west are more progressive and scientific, which is to be admired, yet extremes are never good. For instance: preparations discussed or read of one day are put in practice the following. This, of course, does not tend to a very smooth system in an operating room where assistants and nurses are at the disadvantage of not knowing just what may be required on this special occasion. Their progress seems too rapid to develop that system so necessary to any hospital.

Work which in many places is performed by two or three nurses, would in a case like the above require six or eight, while an operating room appears to be the nucleus of all the unemployed in the hospital. The fact that the more assistants and nurses who come in contact with the operation increase the liability of infection seems not to have been taken into consideration. Much help is also required to prepare different instruments and appliances, the necessity of which was not apparent at the offstart.

In fact, the hustle and bustle, so characteristic of the west, appear to have penetrated even the hospitals, the prevalent idea being that no patient can be

properly cared for without the services of a special nurse, no matter how trivial the operation, which, of course, is financially beneficial to the hospital, and especially so where there is a large training school which is the case with the average hospital.

It might also be mentioned that the nurses in general do not seem so well disciplined or orderly in the execution of their work. Their intentions, however, are the best and they are most self-sacrificing, which, with their sympathy, usually counter-balances all other deficiencies, both in the estimation of the doctors and of the patients.

In one of the large western hospitals not long since, the nurses of the training school took exception to the head nurse for some cause, either real or imaginary, and demanded that she be removed from the hospital. Interesting to relate, their judgment was accepted, in view of the fact that all the nurses would resign from the training school. In a very short time her successor met a similar fate. How it was finally settled is not known, but all the training schools of that city suffered.

For nurses who are good organizers and strict disciplinarians the west offers a broad field of labor, but those who enter this field with the idea of possessing superior knowledge will be quite disillusioned. It is a peculiar fact that the management and doctors of these hospitals realize the absence of some important factor, but rarely know what it is. Nurses from the east who take up the work find it rather difficult at first, for even though they receive the assurance of support from all concerned, the position is a delicate one. It were well not to be too ambitious or over-zealous in our endeavors, at first, for time and tact, which dispel all difficulties, and concentration of purpose, will, in the natural course of events, be rewarded.

EXPERIENCED.

Medical science has spent many years and much labor in the vain effort to discover a parasite of cancer. Even recently it has been feared that cancer patients were a menace to their neighbors, and that the houses of cancer victims should be burned. But the experimental study of tumors has greatly strengthened the view that cancer is not a contagious disease, that its exciting cause cannot be a readily transmissible parasite, and that the long-looked-for cancer parasite is the cancer cell. The field of research has, therefore, been narrowly defined, and it is not likely that the enthusiastic search for a specific cancer parasite will soon again assume the dominant position it once occupied.—JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE SUPERINTENDENTS' SOCIETY

THE SIXTEENTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES will be held in New York the third week in May, beginning on Monday the 16th. The sessions on Monday and that on Tuesday morning will be held in the Academy of Medicine in Forty-third Street, familiar to members of the society as the place where many former meetings have been held.

The programme is not yet completed in detail, but papers are announced on the following subjects: "The Duties of the Ward Supervisors," "The Graduate Nurses Versus the Undergraduate Head Nurse," "Nursing in Contagious Diseases," "Student Government in Training Schools for Nurses." New papers are being arranged for, and there will be a discussion on the matter of forming local societies of training-school superintendents. The reports of the various committees appointed last year will be presented.

The session on Tuesday afternoon, the 17th, will be held in one of the halls at Teachers' College, and will be devoted entirely to occupations for invalids. Papers are promised from Dr. Hale of Marblehead, Miss Tracy of Jamaica Plain, Miss Lathrop of Chicago, and others on this important subject. An exhibit of occupations and of work done by patients will be placed in the Educational Museum of the college.

On the afternoon of Wednesday, the 18th, the two societies will unite in the exercises which are being arranged to celebrate the fiftieth anniversary of the founding of the first training school for nurses by Florence Nightingale at St. Thomas Hospital, London. The commemoration exercises will also be held in one of the halls of the college, and the two committees of arrangements, that of the Superintendents' Society and of the Associated Alumnae, are making every effort to ensure a fitting celebration of so important an event in history. An exhibit is being arranged which will show portraits and bust of Miss Nightingale, her complete writings, and some autograph letters. A very interesting programme is being prepared and it will be given with further details in the next issue of the JOURNAL.

The Committee of Arrangements consists of Miss Annie W. Goodrich, Bellevue and Allied Hospitals, chairman; Mrs. C. E. Bath, superintendent of nurses, St. Luke's Hospital; Miss G. Henderson, superintendent of nurses, the New York Hospital; Miss Martha M. Russell, superintendent, the Sloane Maternity; Miss Nancy C. Cadmus, superintendent, the Manhattan Maternity; Miss Mary A. Samuel, superintendent of nurses, Roosevelt Hospital; Miss Anne Van Kirk, superintendent of nurses, Mt. Sinai Hospital.

A PROPOSED EXHIBIT OF OCCUPATIONS FOR INVALIDS

AT THE TIME OF THE ANNUAL MEETING of the American Society of Superintendents of Training Schools to be held in New York City next May, it is pro-

posed to hold an exhibit illustrating some of the methods devised by Miss Susan Tracy to provide occupation for invalids. Dr. Hall, of Marblehead, Mass., has kindly promised a contribution of the same nature in suggestions for the insane. It is also hoped that a small exhibit may be arranged in commemoration of the fiftieth anniversary of the first training school founded at St. Thomas Hospital, London, England, by Miss Florence Nightingale; and also of such reports, sketches, portraits, literature, etc., in connection with the earlier schools in this country, as may be of historical and educational interest.

Will any one who may have in her possession any such material or who can give suggestions or information in regard to such, kindly communicate with the chairman of the exhibit committee.

MARY A. SAMUEL,
Roosevelt Hospital, New York City.

THIRTEENTH ANNUAL CONVENTION OF THE NURSES' ASSOCIATED ALUMNAE OF THE UNITED STATES

THE THIRTEENTH ANNUAL MEETING of the Nurses' Associated Alumnae of the United States will be held in New York, N. Y., May 18, 19, and 20, 1910. The morning session of the 18th will be at the Park Avenue Hotel, the afternoon will be a federated meeting of the Society of Superintendents of Training Schools for Nurses and the Associated Alumnae of the United States, at one of the halls of Teachers' College.

The meetings of the 19th and 20th will be held in Mendelssohn Hall, 113 West 40th Street, New York City.

Registration

Associations sending more than one delegate each year are requested to return at least one former delegate, thus insuring greater familiarity with the business and topics under discussion.

On Wednesday morning, May 18, the secretary and treasurer will be at the Park Avenue Hotel to receive dues and register delegates, permanent members, and visitors.

Dues

The annual dues for state, county and city associations are five dollars each. The annual dues for alumnae associations are ten cents per capita.

Delegates should carry with them checks or New York drafts for the amount of their associations' dues, made payable to Anna Davids, treasurer. No association which is in arrears for dues is entitled to register a delegate.

Associations that are not sending any delegates this year should pay their dues by mail, addressing them to Miss Anna Davids, 128 Pacific Street, Brooklyn, New York.

Delegates' Cards

A delegate's card will be sent each association. *This card is the credential for your delegate, and no other kind of credential will be accepted.*

This card should be carefully filled out, signed with your secretary's name and address, presented to the treasurer when dues are paid, and left with the secretary when registering.

Each alumnae association holding a membership in the Nurses' Associated Alumnae has the privilege of sending one delegate for every fifty of its members, and one delegate for every additional fraction of more than half that number.

Each state, county and city association affiliated is entitled to one delegate only.

Proxies

A delegate who is a member of both a state and alumnae association may act as delegate for both and cast the vote for both, but no alumnae may send a proxy vote by a delegate of another alumnae association.

SPECIAL NOTE: Please ask your delegate to go prepared to discuss the plans for reorganization, and also instruct her which plan your association favors.

If your association has not already pledged its willingness to contribute to the Purchase Fund for the *AMERICAN JOURNAL OF NURSING* will you instruct her what amount you are willing to contribute.

It is doubtful if reduced rates can be secured over railroads, but delegates and others are advised to make inquiry at local offices for interchangeable mileage and rates for parties of ten or more, as there is some reduction. Further information will be published as soon as it is secured.

Hotel Accommodations

The Park Avenue Hotel, 32d and 33d Streets, New York, has been selected as headquarters for the Associated Alumnae.

Rates, European plan: single room \$1.50 and upwards; double room \$2.50 and upwards; single room with bath \$3.50; double room with bath \$4.00; room for four, two bedrooms and parlor, \$10.00; for two connecting rooms with bath \$8.00; public bathrooms free.

Hotel Martha Washington, 29 East 29th Street. European plan. Rates: single room \$1.50, \$2.00 and \$3.00; double room, for each person, \$1.00 and \$1.50; suite of two rooms and bath for two persons, \$5.00; \$1.00 extra for each person; bathrooms free.

Hotel St. Denis, Broadway and 9th Street, European plan. Rates: single room \$1.50; double room \$2.00 to \$2.50; rooms with bath \$3.50 to \$4.00; free use of bathrooms.

Martinique, European plan. Rates: single room \$1.50; single room with bath \$2.50; suite for four—two bedrooms, bathroom and parlor, \$10.00.

SUGGESTIONS TO DELEGATES COMING FROM THE WEST

The route suggested is over the Southern Pacific to Ogden, Utah, then Union Pacific to Council Bluffs, and from there the Chicago, Milwaukee and St. Paul to Chicago. The Pennsylvania road from Chicago to New York.

Round trip ticket good for 90 days can be bought over this route on the following dates: May 11, 12, 13, 14, 25, 26, and 27, for \$108.50, and a choice of roads given to return by.

For further information write the following agents: C. H. Miles, 22 Powell Street, San Francisco, Cal.; E. K. Garrison, 130 West 6th Street, Los Angeles, Cal.; C. S. Williams, 106 West 2d Street, Salt Lake City, Utah; S. C. Rhodes, 821 17th Street, Denver, Colo.

The suggestions for Minnesota, Illinois, Indiana, and the South will be given later.

RECOMMENDATIONS FROM THE COMMITTEE OF REORGANIZATION

To the members and affiliated associations of the Nurses' Associated Alumnae of the United States: According to instructions given at the last annual meeting, a committee has been appointed which will present to you proposed plans for reorganization, and requests that in the meantime the following suggestions be considered:

1. Shall we change the name of the association? The following names have been suggested: American Nurses' Association; National Nurses' Association; National Association of Graduate Nurses of the United States; National Association of Nurses of the United States.

2. Meetings: Shall we meet annually or every two years?

3. Organization and membership: Shall it be individual or federate? Federated as at present, consisting of alumnae, state, county and city organizations, with a growing list of permanent or individual members paying dues; or individuals paying dues of \$3.00 a year through their state societies, or directly to the national association?

4. Officers: That in addition to Board of Directors, there be a Council composed of presidents of affiliated state societies.

5. Nominations for office: That names to be placed on the official ticket of nominations shall have at least ten endorsements before being considered by the nominating committee.

6. Shall all business meetings be open to delegates only, or shall they be open as at present to all members, with a right to discuss, but not vote?

7. That the annual dues for any society be not less than \$5.00.

8. That state associations remain affiliated having one vote, or on a basis of membership with votes in proportion.

Societies wishing further information are earnestly requested to correspond with the committee.

ANNIE DAMER, R.N., chairman, Yorktown Heights, N. Y.

GENEVIEVE COOKE, 615 Palisade Ave., Yonkers, N. Y.

KATHARINE DEWITT, 211 Westminster Road, Rochester, N. Y.

MRS. M. L. MOYER, Strafford, Pa.

MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.

GRACE O'BRIAN, 219½ East North Avenue, Baltimore, Md.

OUTLINE OF PROGRAMME

Thursday, May 19, 9.30 A.M. Call to order; roll call; report of Executive Committee; report of treasurer; report of standing committees, (a) arrangements, (b) publication, (c) eligibility, (d) programme, (e) nominating; address of the president; new business.

2 P.M. Unfinished business; symposium on private duty nurse, Katharine DeWitt presiding: (a) special duty nurse in the institution, Georgiana A. Ross, Baltimore, Md.; (b) the private duty nurse in rural homes, Margaret Pepoon, San Diego, Cal.; (c) missionary nursing, two short addresses by some missionary nurses on furlough and by Dr. Samuel M. Zwemer, missionary candidate secretary, Student Volunteer Movement; discussion; report of inter-state secretary.

Friday, May 20, 9.30 A.M. Unfinished business; reports of special committees, (a) public health, (b) district nursing, (c) tubercular nursing, (d) nursing

of the insane, (e) pension fund, (f) almshouse nursing, (g) revision of constitution and by-laws.

2 P.M. Paper: "Care of the Insane," by Dr. W. Mabon; discussion. Paper: "Ethics," by Miss Helen Scott Hay; discussion. Question box; report of election; adjournment.

The entertainment for the delegates will include a harbor trip for the 21st, ending with tea at the new residence at Bellevue, and it is hoped that all will be able to remain for this interesting feature.

JOURNAL STOCKHOLDERS' MEETING

AT THE ANNUAL MEETING of the stockholders of the AMERICAN JOURNAL OF NURSING Co., held at 14 East 42d Street, New York City, on January 20, 1910, directors for the year were chosen as follows: Sarah E. Sly, Michigan; Mary M. Riddle, Massachusetts; Isabel McIsaac, Michigan; Genevieve Cooke, California; Mary Adelaide Nutting, New York. At the meeting of the directors, held at Teachers' College, on January 21, Miss McIsaac was elected president, and Miss Cooke, secretary. No changes in the business or editorial management are contemplated for the year.

GENEVIEVE COOKE, secretary.

ASSOCIATED ALUMNÆ NOTICES

AN OBLIGATION OVERDUE

CONTRIBUTIONS TO THE FUND for the purchase of the AMERICAN JOURNAL OF NURSING have been received by the treasurer of the Associated Alumnae to the amount of \$1719.50, which with stock promised or in hand, leaves a balance of about \$4000 yet to be raised to purchase the outstanding shares of stock before our national organization actually owns the publication which is its official organ.

To the private duty nurse we wish especially to appeal at this time, and may we count on each individual member of this large group of valued workers to give, not the mite which she was asked to contribute, but a sum which will show what the JOURNAL means to her? This extra endeavor may mean personal sacrifice, but sacrifice for a worthy cause shows personal interest in that cause, and it is real personal interest in the possession and maintenance of our AMERICAN JOURNAL OF NURSING that we long to see expressed by the thousands of private duty nurses.

The year 1910 marks the fiftieth anniversary of the establishment of the first nurse training school by Miss Nightingale at St. Thomas Hospital in London. During these fifty years thousands of training schools have come into existence throughout the world, and many thousand women have received instruction and education in the care of sick and injured human beings. The great majority of these women are in the private duty field.

Many women in the nursing profession have contributed from their store of knowledge and experience to better the education in nursing; they have written text-books that their knowledge gained through years of close application to duty in the great hospital wards may be imparted to the student nurses who go out to reinforce those in private duty.

The number of private duty nurses is not small, and by the nature of their occupation they are more or less cut off from our nursing associations which

create and stimulate interest in nursing progress. Their only means, oftentimes, of keeping in touch with the work of others is through a good nursing periodical. The greatest achievement of nurses in our country has been the establishment of our *AMERICAN JOURNAL OF NURSING* and maintaining it on a substantial educational basis during the ten years of its growth and development. This, its tenth year, we wish to celebrate fittingly by completing the ownership of the *JOURNAL* by the Associated Alumnae. This Jubilee, which is to be celebrated, should be marked by the purchase of the outstanding shares of *JOURNAL* stock, thus expressing our appreciation of the efforts of the founders and the great educational value we recognize in possessing our own *JOURNAL*.

Let us bend to this work with a will. Send in the money orders and checks with the least possible delay, made payable to the Nurses' Associated Alumnae of the United States, and addressed to the treasurer, or to any other member of the *JOURNAL* Purchase Fund Committee: Genevieve Cooke, 615 Palisade Avenue, Yonkers, N. Y.; Annie Damer, Yorktown Heights, N. Y.; Sarah H. Cabaniss, 109 North 7th Street, Richmond, Va.; Minnie H. Ahrens, Provident Hospital, Chicago, Ill.; Isabel Hampton Robb, The Haddam, Cleveland, O.; Anna Davids, treasurer, 128 Pacific Street, Brooklyn, N. Y.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO
FEBRUARY 13, 1910

Previously acknowledged	\$1655.50
St. Joseph's Hospital Alumnae Association, St. Paul	5.00
Minnesota State Graduate Nurses' Association	50.00
Emma Holmes	1.00
Gertrude Montford	1.00
Susan B. Johnson50
H.	5.00
E. T. Woods	1.00
Evelyn L. Millay50
	<hr/>
	\$1719.50

ANNA DAVIDS, R.N., Treasurer,
Member of *JOURNAL* Purchase Fund Committee, 128 Pacific Street,
Brooklyn, N. Y.

CHANGES IN THE ARMY NURSE CORPS SINCE JANUARY 1, 1910

APPOINTMENTS: Katharine W. Cassin, graduate of the Hospital of the Protestant Episcopal Church, Philadelphia, 1906; Estella M. De Turk, of the Pottsville Hospital Training School, Pottsville, Pa., 1908; Mary E. Hunt, of St. Joseph's Hospital, Providence, R. I., 1903; E. Marie McGinty, Bryn Mawr Hospital, Bryn Mawr, Pa., 1909, and Elsie Neff, of the Princeton Sanitarium, Princeton, Indiana, 1909, and ten months in the Deaconess Hospital, Evansville, Indiana. All of the above named nurses have been assigned to duty at the Army General Hospital, San Francisco, California.

DISCHARGES: Anna C. Carpenter, Annie A. Daly, Mary C. Jorgensen, and Edith May Shaw, from the Army General Hospital, Presidio of San Francisco, California. Rosa May Kerr from Ft. Bayard, New Mexico, and Mary Zimerle from the Division Hospital, Manila, P. I.

TRANSFERS: The following named nurses have been transferred from Ft. Bayard to Army General Hospital, San Francisco: Louise C. Boldt, Elizabeth Kursdorfer, and Margaret T. Wahls. From San Francisco to Ft. Bayard: Emma Haefner, Alma C. Hanson, Agnes F. James, and Josephine Riedy. From San Francisco to Philippines Division on January 5th Transport: Orpha A. Hopper and Mary V. McVan. Gertrude H. Lustig relieved from temporary duty at Camp Joaquin and assigned to duty at the Division Hospital, Manila, P. I. Carrie Bechtle relieved from duty as chief nurse at Zamboanga and assigned to the Division Hospital, Manila. Frances Nowinskey has been temporarily assigned as acting chief nurse at the Military Hospital, Zamboanga, P. I.

JANE A. DELANO,
Superintendent, Army Nurse Corps.

MASSACHUSETTS

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its mid-winter meeting on January 28, in Sewall Hall, New Century Building, Boston, a goodly number of nurses being in attendance. Mrs. Caroline Dennett gave an able and interesting talk on equal suffrage. She said it took fifty-five years to get the equal guardianship law in the state. Mr. Charles Bancroft read a copy of the bill which is to come before the legislature this winter. There was some discussion, but it seemed to meet the approval of the members present. The association was fortunate in having Miss Jane A. Delano attend the meeting. She told of the excellent plan devised by the Central Red Cross Committee for enrolling a large number of nurses who would be available in time of need by either the Red Cross or the army. Refreshments and a social hour completed a most helpful meeting.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting at the Second Congregational Church, Waterbury, on February 2. Miss Wilkinson called the meeting to order at 2.15 P.M. Miss A. H. MacCormac was appointed secretary, pro tem. Miss MacCormac presented the report of the membership committee. Forty-five notices were sent out on December 1 to those whose dues were two years in arrears. The results to date were \$17 and two resignations. Five applications for membership are now in the hands of the committee, making twenty-five during the year. It was voted that each member attending the dinner to be given at the annual meeting be assessed one dollar toward expenses. Miss Wilkinson was appointed delegate to the Associated Alumnae convention. Following the business meeting there was a programme of music and readings by Mrs. Buchanan and Mrs. Spencer, together with dainty refreshments, provided by the Waterbury nurses. Visiting members were taken to the new St. Mary's Hospital and the Waterbury Hospital. The annual meeting is to be held in Hartford on May 4.

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION had thirteen members present at its regular monthly meeting held at the nurses' dormitory, February 3. Three new members were admitted, two to active and one to passive membership, one was transferred to passive from active. In the absence of the treasurer, the secretary received the annual dues. The next meeting will be held on March 3 at which time the officers will entertain. A large attendance is earnestly desired as business of importance is to come up.

NEW YORK

THE NEW YORK STATE EDUCATION DEPARTMENT issues the following official statement: To nurse training schools. The following is the rule now in force concerning examinations for certificate of registered nurse:

"Candidates failing in not more than two topics, but having a general average of 75 per cent., are to receive a certificate.

"Candidates failing in not more than three topics and on passing two of the three will receive a certificate, provided in the third subject they have not received less than 50 per cent. Candidates failing in two of the three topics must take the three over."

New York.—THE Mt. SINAI ALUMNAE ASSOCIATION at its annual meeting elected the following officers: president, Laura R. Logan, R.N.; vice-president, Frida Hartman, R.N.; treasurer, Susie Schilliday, R.N.; assistant treasurer, J. Greenhal, R.N.; recording secretary, Edith Chapman, R.N.; corresponding secretary, Eloma N. Underwood, R.N., 351 West 119th Street, New York; assistant corresponding secretary, Bertha Kruer, R.N.; directors, S. W. Newman, R.N., Rose L. Johnson, R.N., Anna M. Thompson, R. N.

THE ALUMNAE OF ST. LUKE'S TRAINING SCHOOL gave a reception to the graduating class in the nurses' home on the evening of February 2, at which an interesting address was given by Dr. S. Josephine Baker, head of the Department of Child Hygiene, on the subject "Preventive Medicine from the Nursing Standpoint." The address, as reported by Mrs. Mary Breckenridge Morrison, a member of the graduating class, contained these thoughts:

Dr. Baker spoke particularly to the nurses of the class of 1910 and reminded them that on leaving their hospital they would enter upon new fields and that the choice of their future occupations would rest with them. Usually a graduate follows either the medical or surgical branch of her profession; but other lines of work have developed under modern conditions and in the light of new ideals, and to these she called attention.

Preventive medicine is replacing the old system of only applying scientific treatment to the relief of those already ill, and doctors and nurses are turning their best energies in this new direction, where their own interests will finally be submerged in the common good. From a nurse's standpoint there is no field more promising than this one, for it offers both personal advancement and a share in a forward movement of tremendous import. From the same standpoint the work in New York City can be classified under four heads: (1) social service; (2) antituberculosis; (3) reduction of infant mortality; (4) school work.

Although the effort to reduce infant mortality has been organized less than a year, the results are gratifying. While last summer was fully as hot as the preceding one and the birth-rate had increased, there was a decrease of 787 in the number of deaths of infants. In this nurses can take a special pride, for the bulk of the work is done by them through personal contact with the mothers in the tenements of congested districts.

The school work was organized seven years ago, with the co-operation of Miss Wald, of the Henry Street Settlement. There had been medical inspection before that period, and children with minor, noncontagious defects were sent from school to be treated. Only about 6 per cent. returned. Now the nurses follow up these cases in their homes and about 90 per cent. are treated and return.

Among other things, the children in the public schools are being taught the care of their teeth and a few years should show a needed improvement in this direction.

Over three hundred nurses are engaged in the branches of work just outlined and there is a constant demand for more, Dr. Baker assures us, not only in New York City, but in other parts of the country where the values of hygiene are beginning to be realized. The salaries are not large, for the work was tentative at the outset, but it rests with the nurses to make this part of their profession reach the financial status it deserves.

In concluding, Dr. Baker told the nurses she addressed that in duties such as she described they could realize their civic opportunities and take a noble part in progressive movements for the public welfare.

THE MANHATTAN MATERNITY AND DISPENSARY issues its fifth annual report, telling of the immense amount of work done, 4442 patients having been cared for by the institution, which gives care to women in confinement both in the hospital and in their homes. The nursing course is three months long and is either for post-graduate or affiliation work. Miss Cadmus has recently become the superintendent, following Miss Mewhort, who was married.

Miss WALD AND Miss WATERS, of the Nurses' Settlement, have started on a visit to Japan, and, perhaps, to China. Though they are going for a rest they expect to meet nurses as well as many other interesting people. Miss Hitchcock will be acting head worker in Miss Wald's absence.

A WONDERFULLY INTERESTING COURSE OF LECTURES ON PREVENTION OF DISEASE will be in Hosack Hall, Academy of Medicine, every Thursday afternoon at 3.30, under the joint auspices of the Public Health Education Committee of the County Medical Society and the Hygiene Committee of the New York City Federation of Women's Clubs. The public is invited. The subjects for discussion in March are "Causes and Prevention of Nervous Exhaustion," speakers: Doctors Grace Peckham Murray, Evelyn Garrique, Edward D. Fisher, and Smith Ely Jelliffe; "The Importance of the Early Diagnosis of Cancer," speakers: Doctors James Ewing, Gertrude B. Kelly, and George Montgomery Tuttle; "The Hygienic Care and Management of Nervous Children," speakers: Doctors William B. Pritchard, Isabella T. Smart, Mary S. Macy, and Edward W. Scripture; "Cause and Prevention of Common Colds," speakers: Doctors Abraham Jacobi, Alexander Lambert, Mary MacMillan, Emily Lewi, and William K. Simpson; "The Relation of Exercise and Rest to Public Health," speakers: Doctors Luther M. Gulick, Eliza M. Mosher, and Henry L. Taylor; "Social Diseases and Their Dangers," speakers: S. Duncan Bulkley, Emma E. Walker, and James J. Walsh. This last lecture, to be given on April 7, will conclude the course.

THE HARVEY COURSE LECTURES given on Saturday evenings at 8.30 in the Academy of Medicine during March are: "The Present Status of Aphasia and its Relation to Psychopathology," by Professor Adolph Meyer of Johns Hopkins University; "Pathology and Therapy in Diseases of Metabolism," by Professor A. Magnus-Levy, University of Berlin. In April, Professor Jules Bordet of the Pasteur Institute of Brussels is expected to give a lecture.

THE AMERICAN SOCIETY OF SANITARY AND MORAL PROPHYLAXIS held on the evening of February 10, in the Academy of Medicine, a joint meeting with the New York Biologists' Association. The subject for discussion was "Botany and Zoology as a Means of Teaching Sex Hygiene." The leading paper was presented

by Ellen Torelle, A.M., of Minneapolis, and outlined a plan for presenting the subject to elementary, high school, and college students, with botany and zoology as foundation subjects, the type forms, in regular sequence, being illustrated by lantern slides. The paper was discussed by teachers of biology, many of whom seemed strangely loth to take up the subject of sex hygiene with their pupils. A resolution recommending that the society approach the Board of Education upon the matter of a series of public lectures on sex hygiene was adopted. This society, which has for its object the limiting of the spread of diseases which have their origin in the social evil, holds its deliberations on alternate months in the Academy of Medicine. The next meeting will be in April. Those interested are always welcome.

A SERIES OF PRACTICAL LECTURES ON HOSPITAL ORGANIZATION AND ADMINISTRATION is being given at Teachers' College, School of Household Arts, on Fridays at 4 P.M. These lectures are part of the regular course for the students in Hospital Economics, and for this year only are open to others engaged in hospital and training-school work. During February the subjects and lecturers were: "The Hospital," "The Trustees," "Record Keeping and Accounts," all by Dr. C. Irving Fisher, superintendent Presbyterian Hospital. Those to follow are: March 4. "Record Keeping and Accounts," Dr. Fisher. March 11. "Medical Organization of Hospitals," Dr. S. S. Goldwater, superintendent Mt. Sinai Hospital. March 18. "Relation of the Training School and Medical School to the Hospital," Dr. W. H. Smith, general medical superintendent Bellevue and Allied Hospitals. March 25. "Administration Office," Dr. Smith. April 1. "Organization and Management of Purchasing and Steward's Department," Dr. Thomas Howell, superintendent New York Hospital. April 8. "Organization and Management of Boiler House; Heating and Power Plant; Clothes Room and Disinfection; Mechanical and Repair Departments," Dr. Smith. April 15. "Operating Rooms and X-ray Department," Dr. C. Y. Young, assistant superintendent Presbyterian Hospital. April 22. "Dispensary," Dr. Young. April 29. "Ambulance Service—Admitting Department; Pathological Department; Observation Wards; Hydrotherapeutic Department; Open Air Wards," Dr. Smith. May 6. "Wards—Free and Private; Social Service," Dr. Smith. May 13. "Hospital Funds—Budget Appropriations and Expenditures; Résumé," Dr. Smith.

Brooklyn.—THE KINGS COUNTY HOSPITAL ALUMNAE ASSOCIATION OF NURSES held its annual meeting on January 4 at the nurses' home, when the following officers were elected: president, Sue Crouch; first vice-president, Miss Burrows; secretary, Mary O'Donnell, Kings County Hospital; treasurer, A. Collimore. Miss Burrows was appointed a delegate to the AMERICAN JOURNAL OF NURSING meeting and was instructed to act in the interest of the JOURNAL regarding the share of stock which the alumnae association owns.

THE BROOKLYN HOMOEOPATHIC HOSPITAL ALUMNAE ASSOCIATION has selected as officers for the year the following: president, Emma L. Park; vice-president, Stella M. Healy; secretary, Mary H. Combs, 126 Greene Avenue; treasurer, Bertha Cooper.

THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNAE held its annual meeting at the training school February 1, when the following officers were elected for the ensuing year: president, M. L. Sweeny, R.N. (re-elected); vice-presidents, J. S. Buchanan, R.N., Mrs. H. F. McChesney; recording secretary, F. Dennie,

R.N.; corresponding secretary, Elizabeth Percy, R.N.; treasurer, M. E. Holt, R.N. (re-elected); director, Mrs. Edmond Kelly, R.N. (re-elected).

White Plains.—THE NEW NURSES' HOME in connection with the White Plains Hospital was opened for inspection on February 8.

Yonkers.—THE COCHRAN TRAINING SCHOOL ALUMNAE ASSOCIATION at its annual meeting held in September elected the following officers: president, M. Frances Lee, R.N.; vice-presidents, Caroline M. Jones, R.N., Celia B. Snyder, R.N.; secretary, Harriet F. Barrett, R.N., 178 Palisade Avenue; treasurer, Alice Dobbs, R.N.

Utica.—CHARLOTTE M. PERRY, superintendent of Faxton Hospital, has tendered her resignation to take effect in March.

NEW JERSEY

Orange.—THE ORANGE TRAINING SCHOOL ALUMNAE ASSOCIATION held its January meeting at the home of Margaret M. Anderson on the 19th. The business meeting was followed by a social hour, with refreshments.

Paterson.—THE PATERSON GENERAL HOSPITAL ALUMNAE ASSOCIATION held an interesting meeting in the hospital on February 1. After the usual business was transacted, Miss McIlroy read a paper on her work as district nurse in this city, and Miss Demarest gave one on the extent of the work in England, Canada, and the United States. Three new members were accepted. Light refreshments were served.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES during its recent meetings granted registration to 274 additional applicants, making a total of 770 since its organization July 22, 1909.

The replies to the tentative curriculum sent to the training schools is most gratifying, and will enable the board to complete the same in time for adoption by June 1, 1910,—thus complying with the act which establishes examination June 1, 1912.

The board desires to acquaint the public with the fact that the function of this board is to place at their disposal nurses whose training and qualifications are the best. In the future a registered nurse, and not a graduate or trained nurse, is guaranteed of ability.

Letters of inquiry from boards of other states seeking reciprocity with this board have been received. The hope of the board is to accomplish this reciprocity.

The list of registration follows: Altoona 5, Allentown 3, Bloomsburg 3, Butler 4, Danville 7, Everett 3, Harrisburg 3, Meadville 3, New Castle 13, Pottsville 5, Pittsburgh 27, Philadelphia 101, Washington 5, West Chester 3, Wilkes Barre 4. Other states: New York 5, New Jersey 6, West Virginia 3, Illinois 3, Canal Zone 1, Georgia 1, California 1, Ohio 1, Massachusetts 1, Iowa 1.

ALBERT E. BLACKBURN, M.D.,

Secretary.

THE PRESBYTERIAN HOSPITAL NURSES' ALUMNAE ASSOCIATION has held its regular monthly meetings with good attendance. In October the programme for the winter was made out. At the November meeting, Miss Elliott of this city gave an illustrated talk on "Rome of Yesterday and To-day." In December, Mr. Sally told of the work done at the University Settlement House. In January,

Dr. Draper, pathologist of the Pennsylvania Hospital, gave an address on "Empiricism." In February, Miss Stanley, head school nurse of the city, spoke of the work of nurses in the schools. In March, Dr. Abbey Head, of the Midnight Mission, will speak on "Moral Prophylaxis." There will also be in March a reception to the coming graduating class.

EMMA C. LINDBERG, for some time assistant superintendent of the Pennsylvania Hospital, has been at home in Bradford since her resignation last July, on account of family illness.

THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION held its January meeting at the nurses' home and heard an instructive talk by Minnie Hepler, one of the members, on "The Care and Training of Infants." At the February meeting, held at the home of Mrs. George McClelland, Miss Holmes, one of the state tuberculosis nurses, gave an interesting talk on her work.

ELIZABETH HOLMES AND ALBERTA SCHWARZ, graduates of the Allegheny General Hospital, have been appointed state tuberculosis nurses, with headquarters, respectively, at Pittsburgh and Pottsville.

NELLIE CHARLESON, graduate of St. Luke's Hospital, Ottawa, has resigned her position as head nurse at the Allegheny General Hospital, and will take a needed rest at her home in Quebec. She is succeeded by Isabel Perkins, a graduate of the hospital.

Lancaster.—KATHARINE H. BANZHOF, R.N., who has had charge of the visiting nurse work in Lancaster since its beginning in January, 1909, has resigned to take up hourly nursing. At a meeting of the board of directors, gratitude was expressed for her faithful and conscientious service, with good wishes for her future welfare. Miss Banzhof was succeeded by Miss M. V. Bucher.

Scranton.—THE STATE HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular monthly meeting on February 10, with nine members present. Miss Tighe was elected chairman of the Sick Committee, and Miss Herman of the Entertainment Committee. It was decided to hold the annual banquet at the Hotel Jefferson on March 15, that invitations to the banquet be extended to Miss Ebersole, superintendent of nurses, and to the class of 1910. The Committee on Arrangements, Miss Tighe, Mrs. Coppinger; Reception Committee, Misses Saul, Vandervort, Graham, Brice, Quinn, and Herman.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants for registration May 4 and 5. Apply to the secretary for particulars.

KATHERINE DOUGLAS, secretary,
320 East Capitol Street.

MEDICAL DIRECTOR CHARLES F. STOKES, at present supervising surgeon of the Naval Medical School Hospital, Washington, was nominated February 4 by the President to be Surgeon-General of the navy, to succeed Rear Admiral Presley M. Rixey, who retired voluntarily, having served in the navy thirty years, eight years as Surgeon-General. Captain Stokes is one of the best known men in his branch of the service. He was appointed assistant surgeon in the navy in 1899. As a surgeon he has become distinguished for his clever and daring operations. He performed the operation on Midshipman Wilson, the naval cadet whose neck was broken at a football game last fall. He devised the first-aid dressings now

used in both branches of the service, and also invented an apparatus for transferring wounded men from one ship to another without the aid of boats.

Washington.—**MRS. PERON JENNINGS**, for many years superintendent of the Children's Hospital, resigned her position February 1.

THE EPISCOPAL EYE, EAR, NOSE AND THROAT HOSPITAL recently received a gift of \$75,000 from the Misses James to be used in building an addition to the present hospital as a memorial to their brother, George James. Plans are being drawn for three new operating rooms, X-ray room, rooms for persons of small means, wards, and a home for the nurses.

MARYLAND

Baltimore.—**THE BOARD OF HEALTH** on January 1 took over the work among the tuberculous poor of the city which has been done for the past five years by the Instructive Visiting Nurse Association. The city is divided into fourteen districts and a nurse assigned to each. The following were appointed: Ellen N. LaMotte, in charge, Rebecca Coale, Julia Reed, Lillian Oeligrath, Margaret Kennedy, K. M. Nash, Anna Murphy, Jane Newman, Ida Libbey, Harriet Clements, Elizabeth Lee, Ella Hilliar, Rosalie Lavelle, Helen Bacon, Grace Brumbaugh.

MARY WHITING, for several years in charge of the Eudowood Tuberculosis Sanitarium, has resigned the position.

THE ST. AGNES NURSES' ALUMNAE ASSOCIATION held its January meeting at St. Agnes Hospital and elected the following officers: president, Mary Ryan, R.N.; vice-president, Katharine Smith, R.N.; secretary, Margaret DeLauder, R.N., 920 Aisquith Street; treasurer, Margaret Dudley, R.N. After the admission of several new members and transaction of business, an interesting paper on "The Nursing of Pellagra" was read by Miss Reilly, one of the senior nurses. The members were then entertained by the seniors by music and a progressive euchre party, after which a luncheon was served by the Sisters of Charity in the nurses' parlors.

VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA held its tenth annual convention at the Hotel Murphy, Richmond, January 25-27. The programme was as follows: Tuesday, January 25. Executive session. Convention called to order and speakers introduced by Dr. Wm. S. Gordon. Invocation, Rev. Dr. MacLachlan. Address of welcome, Mayor D. C. Richardson. Response by president, Ethel Smith.

Wednesday, January 26. Registration and payment of dues. Business session. President's address. Reading minutes of last meeting. Treasurer's report. Report of Nominating Committee. Paper, "Professional Responsibility," May Douthat, Clifton Forge, Va. Paper, "The Young Nurse in Private Work," Naomi Simmons, Richmond, Va. Afternoon tea, St. Luke's Hospital Alumnae. Evening reception, Virginia Hospital Alumnae.

Thursday, January 27. Paper, "Tuberculosis," Mrs. J. Warren Thompson, Norfolk. Paper, "Nurses and Social Work," Gertrude Phillipps, Norfolk, Va. Paper, "The Nurse as Missionary," Minnie Bumgardner, Staunton, Va. Question box in charge of Eliza. R. P. Cooke, Bon Air, Va. Election returns. Adjournment. Luncheon, Memorial Hospital Alumnae.

The meetings were very enthusiastic. About fifty new members have been added since last June. Practically the old officers were elected. The next meeting will be held in Richmond.

Richmond.—THE INSTRUCTIVE VISITING NURSE ASSOCIATION has, through the interest of the Nurses' Settlement, given a nurse to the public schools of the city.

KENTUCKY

Louisville.—THE NURSES' CENTRAL DIRECTORY in its report for the year ending December 31, gives the following interesting statistics: membership 111, total number of calls 1532, directory calls 1075, personal 223, out of town 241, practical nurses 106, male 20, non-members 25, calls not filled 20, information 600, members resigned 10, members married 5, positions taken 1, left the city 4. Practical Nurses: membership 15, married 1, resigned 2, positions taken 2. The directory is governed by a committee from the Jefferson County Graduate Nurses' Club.

THE JOHN N. NORTON INFIRMARY ALUMNAE ASSOCIATION, at its annual meeting, elected the following officers: president, Annie E. Reec; vice-presidents, Elizabeth S. Robertson, Katherine Dear; secretary, Emma Isaacs, 922 South 6th Street; treasurer, Anna E. Flynn. At the December meeting of the association, after the transaction of business, the senior class of the infirmary entertained the alumnae with a little play, "The Parliament of Servants."

OHIO

Cincinnati.—THE CINCINNATI HOSPITAL TRAINING SCHOOL held its graduating exercises on the evening of January 14 in the assembly room, when a class of seventeen received diplomas and medals as a reward for faithfulness and efficiency. Addresses to the graduates were made by Dr. Fackler, Dr. Bonfield, and Mr. Scott Small, who presented the diplomas. The badges were presented by Dr. Isham. An enjoyable reception followed the exercises.

THE CINCINNATI HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the nurses' home on January 15, a large number of the members being present. After the usual programme and business, the following officers were elected: president, Carrie Hunter; vice-presidents, Anna Clay Minor, Catherine Martin; treasurer, Nellie P. Isaminger; secretary, Marguerite Fagen, Cincinnati Hospital. During the evening, Miss Fisher, superintendent of the training school, presented the class of 1910 for membership. It is hoped that this will prove the most successful year of the association.

MICHIGAN

Detroit.—THE FARRAND TRAINING SCHOOL ALUMNAE held an adjourned annual meeting on February 8, at the Swain Home. Officers for the ensuing year were elected as follows: president, Amanda R. Judson; vice-presidents, Lulu B. Durkee, Agnes G. Deans; recording secretary, Gertrude M. Barnes; corresponding secretary, Margaret B. McClure; treasurer, Mary E. Jenks; directors, Melissa Collins, Alice Walker, Grace Gillies.

Following the meeting tea was served, at which time the members took the opportunity to extend a vote of thanks to the retiring president, Miss L. B. Durkee. Miss Durkee has served as president of the association for two years.

and previous to that as secretary. Aside from the splendid work she has done, she has the record of never having been absent from a meeting for over three years.

Miss Judson, the newly elected president, was heartily welcomed and assured of the co-operation of all the members present, for they appreciated Miss Judson's willingness to serve.

ILLINOIS

A SUGGESTIVE OUTLINE OF INSTRUCTION (Continued)

THIRD YEAR. *Obstetrics*.—Thirteen classes, 13 hours; one oral review, 1 hour; one written review, 1 hour.

Materia Medica (Condensed).—Elements, their salts, and other common preparations; preparations from plants; 8 classes, 8 hours; 1 review, 1 hour; 1 written review, 1 hour; 15 classes, 15 hours.

Chemistry or its Equivalent.—Two classes on matter, 2 hours; 1 class on oxygen and air, 2 hours; 1 class on nitrogen and hydrogen, 1½ hours; 2 classes on experiments on water, 4 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 2 classes on experiments on fats, 4 hours; 2 on proteids, 4 hours; 1 on glucoses, 2 hours; 1 on sucroses, 2 hours; 2 on amyloses, 4 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 2 classes on tests on milk, 4 hours; 1 on eggs, 2 hours; 1 on flour and bread, 1 hour; 1 on beef and infant foods, 2 hours; 1 on baking powders, 2 hours; 1 class on gastric juice, 2 hours; 1 class on pancreatic juice, 2 hours; 1 class on bile, 2 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 29 classes, 48½ hours.

Ethics.—Chapters 11 and 12. Two classes, 2 hours.

Lectures.—*Materia Medica*. Diseases of the nervous and insane; tuberculosis, eye, ear, nose, throat.

Summary.—Exclusive of lectures. *Obstetrics*, 15 classes, 15 hours; *materia medica*, 10 classes, 10 hours; *chemistry*, 29 classes, 48½ hours; *ethics*, 2 classes, 2 hours. Total, 56 classes, 75½ hours.

Summary of class work for the three-year course of instruction, exclusive of lectures: First year, 112 classes, 157 hours; second year, 86 classes, 106 hours; third year, 56 classes, 75½ hours; total, 254 classes, 338½ hours.

Chicago.—THE CHICAGO SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES holds its meetings on the first Saturday of each month in the North Grill Room of Marshall Field's at 3 P.M. Mrs. Emma E. Koch is president; Alice E. Isaacson, secretary and treasurer. The programme for this winter is as follows: October. General discussion on the report of special training-school committee of the American Hospital Association, opened by Amelia Dahlgren. November. Harriet Fulmer, "The Field of the Caretaker, or the Domestic Nurse, and Where She Shall be Trained." December. Helen S. Hay, "Impressions of European Hospital Nurses, and Some of Their Methods." January. Dr. J. B. De Lee, "The Maternity Ward in the General Hospital. How May it be Protected?" February. Mary C. Wheeler, "Meat in the Hospital Dietary, and the Advantages of a Fruitarian and Vegetarian Diet." March. Dr. H. M. Stowe, "The Specially Trained Obstetric Nurse, Her Advantages and Field, from a Doctor's Standpoint." April. Charlotte Aiken, "Why do Most of our Hospitals Show a Deficit at the End of the Year? Can the Nurse Better Conditions?" May. Dr. Anna Ross Lapham, "The Nurse as the Mother's Aid in

Teaching the Child the Problems of Sex. June. Mrs. Minerva Mayfield, "The 'Open' and the 'Closed' Hospital from the Nurse's Standpoint."

ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 18, thirty-three members being present. Reports of officers and committees were read, and the following were elected: president, Mrs. Cuthbertson; vice-presidents, Mrs. H. D. Peterson, Miss Collins; secretary, Eva A. Mack, St. Luke's Hospital; treasurer, Miss Johnstone; chairmen of committees, visiting, Miss Birdsaal; social, Miss Wier; nominating, Miss Hipwell; finance, Miss Dean; membership, Miss Johnstone; general nursing affairs, Miss Eldredge; additional directors, Mrs. McNeil, Mrs. Brenneman, Miss Eastman, Miss Bartle, Mrs. Orr, Miss Dawson, Miss Ada Taylor, Miss W. Osmotherly, Miss Lawrie, Miss Kate Musser, Miss Lowden, Mrs. Dagg, Mrs. Gregory, Mrs. Reuhl.

MISS BEECHLEY has joined the Visiting Nurse Association of Cleveland. Miss Harpster has taken charge of a hospital in Columbus, Wisconsin. Miss Burleson, who has had charge of the surgery in the main building at St. Luke's for the past two years, has resigned. She is succeeded by Nina Gates.

THE ILLINOIS TRAINING SCHOOL recently purchased the property on the corner of Honore and Congress Streets, including the row of houses facing on Congress Street. The school hopes to be able to build later on, but meantime acquires some much-needed room for the growing family of nurses which will be a great convenience over the annex, the four flats rented on Paulina and Jackson Boulevard. The graduate head nurses of the school were the guests of the officers on the evening of February 11.

MISS HAY spent a week at the University of Illinois, recently, giving a course of lectures on home nursing.

ELEANOR REED, 1907, recently resigned her position as assistant in the Contagion Hospital to assume the duties of superintendent of the Monroe Street Hospital. Laura Welch, 1907, succeeds Miss Reed. Elsie Schlund, 1907, recently accepted the position of assistant night superintendent in Cook County Hospital. Lucy Clark, 1900, resigned her position as head nurse in Ward 22, Louise Hostman being her successor. Miss Kohlaat, 1906, has recently taken charge of Ward 8. Miss Voigt, 1901, has accepted the position as medical inspector for the Chicago Telephone Co. Miss Voigt inspects all the young women who apply for positions as telephone operator with the view to seeing that they are in good physical condition before being employed. She states that many young women who apply are defective owing to goitres and various catarrhal troubles. Margaret Kuehl, 1909, has accepted the position of superintendent of nurses in the Multnomah Hospital, Portland, Oregon. Elizabeth Jackson, 1909, is doing private duty in the same city.

JENNETH ALLISON COMMON, class of 1894, who has been doing private nursing in Kansas City for the past five years, has accepted a position in the Ronquillo Hospital, Cananea, Sonora, Mexico. She finds the climate ideal and the life truly western.

THE COLUMBUS HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 10 at the hospital, when the following officers were elected: president, S. Frances Gallagher, R.N.; vice-president, Clara Cunningham, R.N.; secretary, Bessie Monahan; treasurer, Josephine Butler.

THE COLUMBUS HOSPITAL has opened the fourth floor, which was formerly used as nurses' quarters, and will soon build an addition of forty rooms. Anna

Frederickson gave a luncheon to the graduate nurses on the Monday after Christmas.

INDIANA

THE INDIANA STATE BOARD OF NURSE EXAMINERS has changed the date of the spring examination to the first Wednesday and Thursday in May, instead of the third Wednesday and Thursday. This is done on account of the annual meeting of the Associated Alumnae, which will be held in New York the third week in May. All applications for the examination should be in by April 15.

EDNA HUMPHREY, secretary,
Crawfordsville.

MISSOURI

Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its annual meeting on February 2, at which the following officers were elected: president, L. Eleanor Kelly; vice-presidents, Charlotte B. Forrester, Cornelius E. Seelye; secretary, Mena Shipley, R.N.; treasurer, Mary Murray; chairmen committees, visiting, Mrs. Catharine Hare, printing and programme, Mrs. M. C. Lewis; members of directory board, Edith Allan, G. M. Spokesfield, Nell Hunter. The association has been admitted to membership in the Associated Alumnae, has established a central directory, and has plans under consideration for establishing a sick benefit fund. One honorary and sixty-five active members have been admitted and six applications are waiting. The attendance throughout the year has been good and the members are taking a keener interest in the work of the association.

NEBRASKA

THE NEBRASKA STATE BOARD OF EXAMINERS FOR REGISTRATION met during January, for the consideration of applications for registration. They trust in the near future to send out the certificates.

ANNA E. HARDWICK, R.N. (N. Y.).

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES met on January 11 at the University Temple Building, Lincoln. The morning was devoted to an interesting and wide-awake business session, about thirty-five members being present. At noon, a delightful buffet luncheon was served at the Orthopedic Hospital by Miss Hardwick, superintendent of nurses, and Miss Bixby. The afternoon was devoted to a musical and literary programme, the general subject of the addresses being the care of the insane. An address on "Classification of Insanity" was given by Dr. L. B. Pilansbury, who has recently returned from a trip to foreign countries, and who reviewed the work being done along industrial and psychological lines in our own and other countries. Dr. Benjamin F. Bailey, in his address on "The Care of the Insane," awakened the interest of all who heard him in the need for trained workers for this vast neglected field of hospital work. Mrs. Gaiser read a paper on "The Physical and Mental Woman," which was much appreciated by nurses who spend too little time in the contemplation of the home side of their natures. A review of the life of Dorothy Dix and of the organization of training schools for nurses in connection with hospitals for the insane was given by the secretary, Miss Stuff. The work done by the School of Civics and Philanthropy of Chicago in a department for institutional workers was discussed. It is under the leadership of Miss Julia Lathrop, for many years a member of the Illinois State Board of Charities, and offers a

course of study for those interested in the care of the mentally defective, which shows the educational value of a graded system of occupation and industrial work and affords practical training in handicrafts and in such games as are found useful in developing the imagination and latent brain force of patients needing re-educating. Games and occupation such as are necessary to give a quieting, calming, or restraining influence on delusional and excited patients are also taught. Those taking the course visit the wards of hospitals for the insane and put in practice the methods taught. Visits are also made to public playgrounds, and lectures are given on the elements of psychology, psychiatry, and on sociological subjects. Wherever these methods have been tried in the care of mental patients, they have met with splendid results, and the school is recognized by the leading psychiatrists. A report was given of Dr. William L. Russel's address on "Hospital Care for the Insane."

At the close of the afternoon, the nurses and their friends banqueted at the Lincoln Hotel where Miss H. J. Fisher, chairman of the Programme Committee, acted as toast mistress. The next meeting will be held on April 19 at the Young Woman's Christian Association Building, Omaha.

LILLIAN B. STUFF, secretary.

Omaha.—THE OMAHA GENERAL HOSPITAL TRAINING SCHOOL held its graduation exercises on January 25. There were fourteen graduates, whose motto was, "We have crossed the bay to enter the ocean."

COLORADO

THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its sixth annual meeting in Denver, February 10 and 11. An interesting and instructive programme was given at the first session, and in the evening a stovaine clinic was held at the County Hospital, which was greatly appreciated. The meeting on the 11th was devoted to reports, routine business, and elections. Lettie G. Welch, R.N., of Denver, was made president.

OREGON

Portland.—M. ELLEN KERSHAW, a graduate of St. Luke's Training School, Chicago, has accepted a position for a few months with the Visiting Nurse Association in this city, which is under the charge of Miss Gritttinger, formerly of Brooklyn. A general free dispensary, the first in the city, has been opened in a settlement in the heart of the business portion of the city and is meeting with great success.

WASHINGTON

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting at the Registry, on February 7, twenty-five members being present. In the absence of the president, the chair was taken by the vice-president, Mrs. M. I. Farrell, who called the meeting to order. Minutes of the previous meeting were read and approved. Reports of the Executive Committee and the Registry for month of January were read, and ordered placed on file. Six applications for membership were accepted, one was laid on the table. Mrs. A. W. Hawley read an account of the work of the Girls' Home and Training School Society and reported that the sum of \$80 had, through the effort of Miss Sara Meiklejohn, been

donated by Mrs. Charles L. Denny of Seattle, a former patient. The association had been asked to raise this amount for the furnishing of a room in the home. It was voted that the thanks of the association be tendered Mrs. Denny for her donation and to Miss Meiklejohn for her efforts towards interesting Mrs. Denny in the work. Mrs. Bessie Davis gave a report of the Nurses' Cottage at Riverton and Mrs. Eva C. Murray, treasurer of the Cottage Fund, reported that the amount required had been almost raised. The cottage is completed and ready for occupancy and will be under the management of the state association. The secretary gave a report of the committee appointed by the president for the purpose of discussing the advisability of incorporating and forming a stock company to build an association club-house. A general discussion followed, led by Mrs. Murray, chairman of the committee. A motion to incorporate was carried unanimously. It was voted that the committee appointed by the president, with two nominated from the floor, compose the committee on club-house, and that they take steps for incorporating, immediately. Mrs. Hawley and Miss Loomis were re-elected as members of the committee. The following amendment to Article III, By-laws, was read, and will be voted on at the next regular meeting. Meetings. "Monthly meetings shall be held on the first Monday of each month at 3 P.M., unless a holiday, then on the day following at 3 P.M. Due notice shall be sent each member to the address registered with the secretary, of all meetings, whether regular or special, and of the place of meeting." Mrs. Farrell gave a very interesting and instructive paper on "Obstetrics," a general discussion following. After a vote of thanks to Mrs. Farrell, the meeting adjourned.

BIRTHS

ON January 14, at Bozeman, Montana, a son, Daniel Somers, to Dr. and Mrs. A. D. Brewer. Mrs. Brewer was Florence Somers of the Boston City Hospital.

On January 27, at Port Arthur, a daughter to Mr. and Mrs. W. F. Elliott. Mrs. Elliott was Miss Fidlar, class of 1905, St. Luke's Training School, Chicago.

On December 1, 1909, at Nagaya, Japan, a son to Rev. and Mrs. W. deL. Kingsbury. Mrs. Kingsbury was Nina Bakenhus, a graduate of the German-American Hospital, Chicago.

MARRIAGES

SADIE RHINE, a graduate of Columbus Hospital, Chicago, to Mr. Furlong. Mr. and Mrs. Furlong will live at Ft. Jones.

On December 29, Minna Born, class of 1903, Illinois Training School, to Isaac V. Landman. Mr. and Mrs. Landman will live at 501 North Vermilion Street, Danville, Ill.

On December 27, 1909, at Holy Cross Church, Brooklyn, Katherine V. Leonard, class of 1905, Kings County Hospital, to John A. Kane, M.D. Dr. and Mrs. Kane will live in Brooklyn.

On December 30, 1909, at Swissdale, Pa., Jennie Stewart Brown, class of 1908, Allegheny General Hospital, to Charles W. Miller, M.D. Dr. and Mrs. Miller will live in Peoria, Ill.

On January 12, at St. Philip's Church, Durham, North Carolina, Lily Haughton Cowan, graduate of Waddell Hospital, to Dillard Crittenton Mitchell. Mrs. Mitchell was treasurer of the North Carolina State Association for 1908.

DEATHS

At the Hahnemann Hospital, Rochester, N. Y., Elizabeth Young, class of 1905, of the hospital. Her life was one of sweet usefulness.

On February 4, at Salem, Mass., Mary E. Hodgkins, class of 1905, Salem Hospital. Miss Hodgkins was a member of the alumnae and was dear to her sister nurses.

FURTHER particulars have been received regarding the death of Miss Tillotson, which was announced in the February JOURNAL. Miss Tillotson was a graduate of the Faxton Hospital, Utica, and was the founder and principal of the Niles Private Hospital, at Niles, Michigan. She died at Faxton Hospital, after an operation. She had been in ill health for months, and at the last was a great sufferer, but was brave and bright, and kept at her post looking after her many patients, to whom she gave her whole time and her life.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON

VITAL ECONOMY, OR, HOW TO CONSERVE YOUR STRENGTH. By John H. Clarke, M.D. A. Wessels, Newold Publishing Co., 155 Fifth Ave., New York. Price 50 cents net.

Out of his own experiences of life Dr. Clarke has evolved a philosophy which he sets forth in his little book for the guidance of others. Perhaps it is true for all men, as he claims it to be for medical men, that one is "either a fool or a philosopher at fifty." The thing is to persuade the man of twenty-five that he is going to arrive at the same goal as his predecessors over the same course. Dr. Clarke is the sworn foe to originality while claiming to be himself more or less an original; having divided the mature men of the medical profession into two classes, fools and philosophers, he goes on, by implication at least, to find that the first class comprises the great majority—besotted fools, if that is the worst kind, they must be, if they accept as he hands out his unproved and unsupported assertions: "The bath was fatal to John, he took to his bed at once, and was dead within a week." . . . "A fresh east wind produced acute nephritis." . . . "A fresh east wind caught him, pneumonia followed, and in a few days he was carried off into an untimely fresh-air grave;" and so on, he seizes upon exceptions to the rule and uses them to prove his case against the experience of the world.

Bitter as his cry is against the use of the bath and fresh air used indiscriminately, one cannot take the writer seriously. That a coachman, who is up to the work entailed by his office, with no bodily ailment whatever, should wilt and die within a week, of one warm bath, is beyond belief and impossible for Dr. Clarke to expect the reader to believe—with its inference that the bath is fatal to the ordinary working man in good health.

The chapters on the use of stimulants are in like manner robbed of a great deal of their point, by the same sweeping generalization. In this connection I quote again from the book: "It would almost seem that the human animal is determined to assert his superiority over all the rest of creation by the ingenuity he displays in discovering or manufacturing pleasant poisons for himself. The great majority of mankind are the slaves to one or more poison habits. Of these habits, the tea

habit is one of the most subtle, insinuating and injurious. It is a moot point with me whether tea does not do more harm in this country than alcohol. It does not make its victims 'drunk and incapable,' but it certainly does make them drunk. To be saturated with tea, to be constantly under its influence, to be dependent on it, is to be tea drunk. The sooner tea abstinence societies are organized the better, and tea bands of hope should be universal," etc., etc.

If one cannot accept Dr. Clarke's universal prescription for the conservation of vital energy one can at least get a great deal of amusement out of the book, which is poignant to a degree—bristling with the kind of audacious sarcasm that is usually imputed to a woman's tongue, but which in this case comes from the nimble pen of a male man as from its natural habitat. No one could feel dull while reading it, and if, on the one hand, it should excite to agonies of self-pity that stupid and lazy person who is made to go walk miles in the fresh air, when she feels that her health demands that she lie on a sofa and read novels, it is on the other hand liable to prove of salutary benefit to the gloomy and pessimistic mourner of the good old times—because no one, not even Dr. Clarke, really wants the good old times of stuffy houses and unbathed humans back again, and the horror of such a possibility would cure the grumpiest and gloomiest mourner alive.

LIFE'S DAY; GUIDE POSTS AND DANGER SIGNALS IN HEALTH. By William Seaman Bainbridge, A.M., M.D. Frederick Stokes Company, New York. Price \$1.35.

Written for the laity, this book is based upon a series of lectures delivered by the author at Chautauqua, and as its title indicates its office is to furnish practical, helpful suggestions with which to meet the problems which constantly confront us. "It is," says the author, "no profound philosophy of life, but a mere advocate for common-sense and moderation in all things, and of the doctrine of cheerfulness and hope."

He begins with heredity, physiological and psychical, and after giving due weight to its influence on race and individual proceeds to consider environment as the second great factor of modification. Having briefly touched upon these two great determining factors in life with which the individual finds his course either hampered or accelerated, the author goes on to consider, under the heading "Function," the entire life of the human unit from the moment of birth to old age and death. The nurture of the infant, the care of the child (especially making a plea for the child of irresponsible age) from eight to fifteen, the period of adolescence are passed in review and we are brought to manhood and

womanhood, where we are counselled to regular habits, exercise, fresh air, rational diet, moderation in the use of tea, coffee, alcohol, etc., the duty of preventive measures such as vaccination, and of good citizenship—giving the best we can to life and getting the best we can out of it until we come to old age and death. These phases of life are fancifully and gracefully designated as "Dawn, Morning, Midday, Twilight, and Night." Each period is prefaced with a quotation, as, for instance, "Morning" has:

"Thou hast no heavy thought or dream
To cloud thy fearless eye;
Long be it thus—life's early stream
Should still reflect the sky."

Or again in the preface to "Midday" we find a challenge to heredity and environment to do their worst, we may still defy them.

"It matters not how straight the gate,
How charged with punishment the scroll;
I am the master of my fate,
I am the Captain of my soul."

One might wish that the book contained more positive teaching. The author recognizes and points out the lack of appreciation of duty which many parents show; then again he is vague when he speaks of the rights of the adolescent child, girl or boy, to instruction on sex questions. Fathers and mothers continue to shirk their duty in this respect and it would seem that the author had not quite as strongly as the occasion allowed insisted on the responsibility that parents are under to allow no one else to instruct children in these matters.

THE CARE AND FEEDING OF CHILDREN. A Catechism for the use of Mothers and Children's Nurses. By Emmett Holt, M.D., LL.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Columbia University; Attending Physician to the Babies' Hospital and Foundling Hospital, New York City. Fifth Edition. New York and London, D. Appleton and Company. Price 75 cents.

The fifth edition of our old friend the quiz on "Care and Feeding of Children" does not differ from the earlier appearance of the book to any great extent. There is, of course, new matter which appears particularly in the chapter on infant feeding. Like the earlier editions the book sticks closely to the child in health and does not at all enter into the nursing of sick children. It is, however, a book that every nurse does well to keep at hand.

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